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children

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Building for the future by exercising his creative powers, this young participant in a preschool program is taking a step forward in his intellectual development. Some of the obstacles to intellectual development confronted by many educationally disadvantaged children are discussed in the article beginning on page 170.

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In our industrial society, the educational institution is virtually the only legitimate channel to upward mobility for young people from families of very low socioeconomic status. Literacy and an understanding of the basic mathematical functions are the minimum requirements for any but the most dead-end jobs. Self-restraint, reliability, and punctuality are also expected and the most conclusive proof of their existence to employers is a high school diploma. Thus, if children of the extremely poor are to share in an affluent society's material and symbolical rewards as adults, plans for their future must include a high school education.

The foundation for academic success at high school age is laid by the time the child is 8 or 9 years of age. If the foundation is weak, the edifice constructed upon it will be extremely shaky. The tragedy is that the public school system is often far from effective in laying this foundation in children from families of very low socioeconomic status. I refer here and throughout this article not to families of blue-collar workers such as the man on the automobile assembly line, but to families characterized by chronic unemployment, underemployment, and disorganization—the problem-ridden families who live in dilapidated, overcrowded housing and suffer from poor health, powerlessness, and despair. Even then I do not mean to imply that all such families are alike,

SOME IMPEDIMENTS TO THE EDUCATION OF DISADVANTAGED CHILDREN

NORMA RADIN

and that none of their children can surmount the educational difficulties presented. I recognize, too, that in the past few years State and Federal funds available to the schools for compensatory education—especially those appropriated under title I of the Elementary and Secondary Education Act—are producing some changes, but it is still too early to determine how effective or pervasive these changes are. However, the statements that follow probably still apply to most of the schools in this country that are in neighborhoods where large numbers of seriously disadvantaged children live.

Many discerning educators and research workers are focusing their efforts on strategies for making school programs more effective generally with the children of such families. These efforts, however, have been directed in many different directions, sometimes producing contradictory results. Rosenthal and Jacobson have found that the teacher's initial expectations about a child's achievement correlate with the child's subsequent achievement.[1] Coleman and associates found that mixing children from middle-income families with children from very low socioeconomic backgrounds in school classrooms seems to increase the school performance of the latter.[2] Clark believes that if teachers raise their standards for children of very low socioeconomic status their performance will improve.[3] Cloward found that using children from low socioeconomic backgrounds to tutor younger students of similar backgrounds improves the achievement of both groups.[4] Suppes sees a need for computerized instruction.[5] Bereiter noted 20-point gains in the IQ's of children who were included in a highly structured preschool program focused on language development.[6]

Schafer has found that the structure of the school system pushes children out of the classroom.[7] The Flint (Mich.) school system is trying out community schools as a solution to the problem. Litwak and Meyer suggest that linkages between the school and the child's family are needed. Others attest to the importance of a small pupil-teacher ratio, remedial reading programs, better teacher training, better pay for teachers, and community control of the school.[8]

Where is the pattern in all of these findings and suggestions? Can *an* answer be found to the problem presented by children who are educationally handicapped by the time they enter school? My contention is that there is no *one* answer to the problem. The basis for the schools' ineffectiveness in educating children of very low socioeconomic status is not to be found in any one area or segment of our educational institutions but in a whole complex of factors.

This paper will attempt to delineate some of these factors. They arise from many aspects of our society and from the intrapersonal and interpersonal realms

of the child's life, and they can be grouped under four general heads: cultural factors; social organizational factors; primary group or family; and the individual child.

Cultural factors

Five points about our society in general affect our educational system and its relevance to young people growing up in our inner-city slums.

1. Of prime importance is the nature of our technology. As machines become increasingly complex and pervasive, little room remains for the unskilled laborer. Even floor polishers and lawn mowers today necessitate some ability to handle delicate and potentially dangerous machinery. In addition, there is every indication that the trend to mechanization and automation will increase as the use of computers grows and invades more sectors of our economy. Thus, there is little gainful employment available today for the unskilled, the unreliable, or the semiliterate in contrast to the past. Even entry jobs often require high school diplomas as evidence of diligence and a fair degree of competence.

2. Value is placed primarily on instrumental, goal-oriented activities. Although a poet, an artist, or a philosopher is occasionally honored, this happens rarely. Thus children who are artistically gifted but who find academic work dull are likely to run into trouble in the classroom.

3. The "Protestant ethic" of hard work and self-sacrifice, as delineated by Weber,[9] is highly respected while indulgence in sensual pleasure without concern for the future is generally denigrated.

However, in describing a subculture found among people of very low socioeconomic status, Walter Miller[10] has emphasized two aspects that conflict with the value system dominant in our society: (1) the attribution of great value to toughness (endurance, physical prowess, bravery) rather than to cognitive abilities; (2) the belief that luck or fate—not hard work—is responsible for success. While these views have survival value for disadvantaged people, they can prevent a child from adapting to the classroom.

4. The mass media, particularly TV, are ubiquitous, even in the homes of families of very low income. Through such media children of the poor are constantly and vividly reminded of the comforts and luxuries enjoyed by children of more affluent families. As a result they often develop a sense of bitterness, frustration, and self-denigration. The relation between self-rejection and poor academic performance appears to be a close one.[11]

5. The generally racist nature of our society has an additional detrimental effect on Negro children. Clark and Clark have shown that such children absorb at an early age society's view that a black skin is demeaning.[12] The militant civil rights movement may be altering the picture of self-hatred among Negroes, but the effects of the movement on personality development have yet to be researched.

No discussion of the cultural effects on educational achievement is complete without an exposition of the relevant aspects of knowledge and technology that are missing. We do not really know how young children learn. We know very little about the appropriate techniques for fostering the development of the cognitive structure. We know very little about the best way to present new material so that it will be comprehended and integrated into knowledge already absorbed. We do not really know how to help children organize the information they have already accumulated.

We *do* know that some children will learn regardless of how the material is presented; other children, of normal intelligence, will have severe difficulties no matter what we do. Because teachers "teach" is no guarantee that students learn. We also do not know what specific child-rearing practices are related to specific types of behavior. Much research is now being carried on in all these areas, but much remains to be done.

Organizational factors

The school system, the major organization with which the child has contact, affects him as soon as he enrolls in kindergarten. The demands on the child as a student in the typical public school are rather subtle and never clearly spelled out. Usually if the student is to perform adequately, he must display initiative and curiosity in relation to subject matter but be complying and passive in relation to school authorities. He is expected to interact with the other students in a positive fashion, exerting leadership when he can; yet he must never overstep the bounds of approved verbal behavior or become physically

aggressive. If he wishes to fight, he must wait until he gets off the school grounds.

In school the child is encouraged to stand up for himself, but verbally not physically. He must follow rules, yet understand how to use his own judgment as to when the rules do not apply. He must accept his teacher as his superior, yet feel free to think for himself and express his own thoughts. He must use language that his teacher considers appropriate for school in sentences she can comprehend. However, at home he is free to talk in any way acceptable to his parents. Thus the child meets with many expectations and restrictions requiring different and seemingly conflicting responses.

In middle-class families, the mother is familiar with the demands made on the child in his role as a student having herself internalized them—that is, made them part of her own expectations of herself—and performed the role adequately herself. Thus she has little difficulty in explaining the complexities of the role to her children. In contrast, in a family of very low socioeconomic status, the mother may never have internalized the demands of the role and may not understand them completely.

One aspect of the student's role is to communicate in a complex language structure, which Bernstein has likened to an elaborate code.[13] The child of very low socioeconomic background may never have learned this means of communication and may use what Bernstein calls a restricted code exclusively. An elaborate code must be attended to carefully, for it transmits a number of particular messages adding up to detailed information. A restricted code fosters in-group cohesion, but it transmits only stereotyped messages that are very familiar to all the members of the group.

According to Bernstein, children from middle-class families can "switch codes," using the restricted code with their friends or members of their family on some occasions and the elaborate code when they want to transmit specific information. The disadvantaged child can use the restricted code only. Thus, when the child from the low-status family enters school, he is unaccustomed to the linguistic code his teacher is using and is unable to comprehend what she is saying—for example, when she is giving a complex set of directions. Even more serious is his inability to communicate his own bewilderment to her.

The role of the teacher also creates an obstacle to effective teaching of disadvantaged children. Throughout their training, teachers are taught that

Storytelling time in a Headstart program. Because some children never have a story told or read to them at home, such practices are part of the compensatory education efforts in programs for preschool, educationally disadvantaged children.

the goals of education are not measurable, that teachers are educating the "whole child," and that the degree of their success therefore is not researchable. They are told that the teacher "knows" when she is doing a good job, but no one else can really tell. This orientation has created two difficulties. It prevents the teacher from attempting to delineate her specific goals in operational terms that are measurable on a daily, weekly, or monthly basis rather than in general terms. It also has impeded research in the field of education. Only recently, with the introduction of programmed instruction, have educators begun to analyze the tiny steps that are necessary for children to develop skill in arithmetic, spelling, or reading, or to comprehend the complex concepts presented in geography and science.

The role of the school administrator has similarly impeded effective education of the disadvantaged child. It involves errors of omission as well as commission. A serious omission is that neither the principal, assistant superintendent, nor superintendent is required to form linkages with the community or with the student's parents. The parent-teacher association is the only formal avenue for involving people other than educators in the schools' efforts and generally its structure has become so rigid that its original function of serving as a two-way communication

channel between the school and the parents seems unlikely ever to be restored. The errors of commission involve the use of school administrators as building managers, book rental-fee collectors, milk-machine repairmen, and the like, thus cutting into the time and energy they have for serving as curriculum experts and supervisors of the instructional staff. In too many schools, the principal does little to deal with the fact that many children are having severe learning difficulties or that the curriculum is inappropriate for some students.

The usual structure of the school itself interferes with learning in children of low socioeconomic background. Students are taught in large groups of 25 to 35 children, making it impossible for the teacher to attend to their individual needs so that each child can progress at his own pace. They are promoted or retained a full grade except in a few schools that have experimental ungraded programs. Even in these programs, the teachers do not have the training or the material to be able to teach each child at his own level.

Nearly all teachers have tenure rights after a probationary period of a year or two. Removing a teacher once he has tenure is almost impossible. So teachers may remain in the school system who are not sympathetic to children from the slums or who are sympathetic but do not understand either their emotional or cognitive needs.

Interpersonal relations between teacher and student are critical in determining whether progress will occur. Rosenthal has shown that the expectations teachers have of their students affect student performance.[13] Other studies have shown that the student who feels his teacher likes him does better. Other less definitive findings suggest that children of very low socioeconomic background generally need a more firmly controlled classroom than other children because they have not developed the kind of self-discipline required for learning.

Most school systems provide little or no inservice training for teachers to help them understand the behavior and needs of the disadvantaged child. Teachers tend to resist supervision, but even if this were not so there is no time during their working day for participation in a continuing education program, for in the hours they are not teaching, they must plan their work and grade papers. Many teachers also resist working overtime to increase their skill or knowledge. Hence, if inservice training is to be offered, time for it must be made available either by closing school, which is not in the student's interest, or by paying teachers to attend the program after hours, on weekends, or during the summer. Few school districts can afford to do this. Other methods of inducing teachers to continue their education, such as offering them higher pay for taking additional university courses, do not motivate all teachers and do not direct the teachers to the kinds of courses they need most.

Few, if any, school systems have training programs built into their structure specifically focused on how to deal with disadvantaged children and required of all teachers who have such children in their classrooms. Moreover, few teacher training institutions offer such courses and even fewer offer student teacher assignments in schools in the city slums, where many of their graduates will teach.

The teacher's role, like the principal's, is deficient in failing to demand that a linkage be formed with the students' parents. Most teachers welcome parents to the school when they come for conferences at times designated by the teacher. But they tend to regard parents who do not show up for such conferences as uncooperative no matter what may be preventing them. Teachers today rarely, if ever, visit parents at their homes; they have no time during their regular working hours for making such visits even if they wished to do so. The absence of a two-way channel of communication between teachers and the parents of low socioeconomic status creates two problems: the teacher is unaware of the kind of environment the student lives in and the parents are unaware of what they can do to reinforce and support the child's efforts to learn in class.

The primary group

Of all the influences on the child's educational achievement, the primary group in the child's life—his family—is perhaps the most critical. It is in the family that the beliefs of a culture are transmitted. It is also in the family that the attitudes, skills, and motivation essential for academic achievement are or are not fostered.

Too often, families of low socioeconomic status lack role models of successful students for the child to emulate. But there are more specific differences between most middle-income and very low-income families that tend to effect differences in their children's school performance. My own research has indicated that mothers in families of low socioeconomic status often do not foster the development of internal controls in their preschool-age children.[14] They try

Research coordinator of the preschool program in the Ypsilanti (Mich.) public school system, Norma Radin was recently appointed to the position of lecturer in the School of Social Work at the University of Michigan. Prior to her research work in the Ypsilanti school system, she served as a school social worker. She received her master's degree in social work from the University of Michigan, where she is now working on her doctorate in the university's joint social psychology social work program.

to protect their children from the dangers they see in the external world and to suppress the dangers they feel are arising from within the child, such as aggressiveness and sexuality; but they do not prepare their children to cope with problems. For example, they set down specific rules for behavior, but do not explain the reasons for the rules. The child is taught to follow the orders of recognized authority, not to make judgments for himself.

One consequence of this pattern of child rearing may be seen in the classroom among children who are passive in the presence of the teacher and obstreperous when there is no teacher in the room or when they have a substitute teacher whose authority they do not recognize. Even more important are the consequences for cognitive development. The child does not learn to inquire, to doubt, to think for himself.

The importance of cognitive stimulation for future intellectual development is well known. Hunt highlighted this factor in his famous book, "Intelligence and Experience."[15] Children of low socioeconomic backgrounds generally have few intellectually stimulating experiences before entering school and they generally do not have the advantage of the kind of "hidden curriculum" commonly present in middle-class homes. Parents in middle-class families are constantly teaching their children, in the normal course of their family life. Shapes, colors, numbers, names of objects, words on signs are all part of a continuous input of information to the child. Books are read, stories are told, intellectual curiosity is rewarded, and efforts to learn are praised. Thus the mother in the middle-class family incorporates components of the teacher's role in her own functioning as a parent; but the mother of low socioeconomic status tends to confine herself to meeting the child's physical and emotional needs.

Hess and Shipman's work has emphasized another generally differing aspect of parent-child relations in the two socioeconomic groups:[16] the mothers' teaching styles are not the same. Mothers in middle-class families usually try to help a child solve a new problem by first explaining the entire problem and the goals to be achieved. They then respond to the child's specific moves, correcting errors and explaining why they are errors. Mothers of low socioeconomic status tend merely to give the child specific directions without any explanation. Again they rely on specific rules rather than principles.

The physical conditions in most homes in low-income families also impede the children's education. A recent study in which I was involved indicated that the homes of such families are not only far more crowded than those of middle-income families but they also are usually very poorly lighted.[17] Often the TV din is continuous and there is no surface on which to write, making it practically impossible for a child to read or do homework.

The individual child

Hunt[15] and others have found that the developing intellectual ability of the child is not solely the result of constitutional factors but is derived from the interaction of hereditary characteristics with the environment. Piaget postulates that the more learning the child has already assimilated, the more new material he is able to assimilate.[18] Rosenzweig and associates have shown that distinct anatomical differences exist in the cortex of rats raised in a stimulating environment and those raised without access to stimulating "toys."[19] Hence there is reason to believe that raising a child in an unstimulating environment produces a youngster with more limited intellectual ability than he might otherwise have had. According to Bloom, a large fraction of the intelligence of the child is already fixed by the age of 5.[20] He doubts that environmental change beyond that point can raise a child's intellectual ability appreciably.

One characteristic frequently found in preschool children of low socioeconomic status is an inability to engage in social-dramatic play, to pretend that an object is present that is not, or to take on another's role in a reciprocal relationship. This inability to pretend has been found by Smilansky among children in Israel as well as by teachers in compensatory preschool programs in this country.[21] It may be related to the lack of games of pretending between mother and child at home. The ability to imagine situations which do not exist is critical for understanding in reading, geography, history, and many other sub-

jects. Piaget finds it essential for concept formation.[22]

The school problems of children from low-income families, however, are not derived solely from their lack of skills other children develop at home. They also are derived from special skills such children possess that interfere with academic achievement. One is an ability to tune out undesirable words and sounds—a very useful ability in a crowded home but a distinct impediment to learning in the classroom. Another is an ability to express one's emotions in movement rather than words—a source of much of the discipline problem in schools, which are not geared to this mode of expression.

There is some disagreement among researchers as to whether or not motivation to achieve exists at all among many children from the lowest socioeconomic groups. The suggestion has frequently been made that such children *do* want to achieve but in the realm of toughness, physical power, and athletic skill rather than in academic work. But Cohen and associates found that when delinquent boys of low status were offered concrete rewards for academic achievement, their will to learn eventually became internalized.[23] This suggests that a rechanneling of the motivation to achieve can be induced much later than most psychologists once believed possible.

TO SUMMARIZE, MANY FACTORS are impeding the effectiveness of schools in educating children from the lowest socioeconomic groups. Some of these factors are societal in nature; some, organizational; some, familial; and some, individual. No one remedy will be sufficient to resolve the problem, nor will an attack on any one aspect of it. What is clearly needed is a massive attack on all the factors involved, along with the opening of new legitimate channels of upward mobility for the few children who even then would be unable to advance educationally. The costs of such a program would be enormous but not so great as the costs of doing without it.

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[1] Rosenthal, R.; Jacobson, L.: Self-fulfilling prophecies in the classroom. Paper presented at the 1967 meeting of the American Psychological Association, Washington, D.C. (Unpublished.)

[2] Coleman, J. S., et al.: Equality of educational opportunity. U.S. Department of Health, Education, and Welfare, Office of Education, Washington, D.C. 1966.

[3] Clark, K.: Dark ghetto. Harper & Row, New York. 1965.

[4] Cloward, R.: Studies in tutoring. *Journal of Experimental Education*, Fall 1967.

[5] Suppes, P.: Logical and mathematic concept formation in children. Paper presented at the 1966 meeting of the American Psychological Association, New York. (Unpublished.)

[6] Karnes, M.: A research program to determine the effects of various preschool intervention programs on the development of disadvantaged children and the strategic age for such intervention. Paper presented at the 1968 convention of the American Educational Research Association, Chicago, Ill. (Unpublished.)

[7] Schafer, W.: Student careers in two public high schools: a comparative cohort analysis. Unpublished doctoral dissertation, The University of Michigan, Ann Arbor. 1965.

[8] Litwak, E,; Meyer, H. J.: A balance theory of coordination between bureaucratic organizations and community primary groups. *Administrative Science Quarterly*, June 1966.

[9] McClelland, D. C.: Achieving society. The Free Press, New York. 1967.

[10] Miller, W.: Lower class culture as a generating milieu of gang delinquency. *Journal of Social Issues*, vol. 14, no. 3, 1958.

[11] Group for the Advancement of Psychiatry: Psychiatric aspects of school desegregation. New York. 1957.

[12] Clark, K.; Clark, M.: Racial identification and preference in Negro children. *In* Readings in social psychology. (G. Swanson, T. Newcomb, and E. Harley, eds.) Holt, Rinehart and Winston, New York, 1952.

[13] Bernstein, B.: A socio-linguistic approach to social learning. *In* Penguin survey of the social sciences. (J. Gould, ed.) Penguin Books, Baltimore, Md. 1965.

[14] Radin, N.; Kamii, C.: The child-rearing attitudes of disadvantaged Negro mothers and some educational implications. *Journal of Negro Education*, Spring 1965.

[15] Hunt, J. McV.: Intelligence and experience. Ronald Press Co., New York. 1961.

[16] Hess, R.; Shipman, V.: Early blocks to children's learning. *Children*, September–October 1965.

[17] Radin, N.; Weikart, D.: A home teaching program for disadvantaged children. *Journal of Special Education*, Winter 1967.

[18] Piaget, J.: Six études de psychologie. Editions Gonthier, Geneva, Switzerland. 1964.

[19] Rosenzweig, M., et. al.: Cerebral effects of environmental complexity and training effects among adult rats. *Journal of Comparative and Physiological Psychology*, June 1964.

[20] Bloom, B.: Stability and change in human characteristics. John Wiley & Sons, New York. 1964.

[21] Smilansky, S.: Promotion of preschool "culturally deprived" children through "dramatic play." Paper presented at the 1965 meeting of the American Orthopsychiatric Association, New York. (Unpublished.)

[22] Piaget, J.: The construction of reality in the child. Basic Books, New York. 1954.

[23] Cohen, H., et al.: Case I: an initial study of contingencies applicable to special education. Educational Facility Press, New York. 1967.

FATHERLESS HOMES

a review of research

ELIZABETH HERZOG • CECELIA E. SUDIA

Over six million children in the United States today are growing up in fatherless homes. People are making many adverse generalizations about these children—generalizations concerning problem behavior, intellectual ability and achievement, and emotional adjustment. To find out whether these generalizations are supported by evidence, we have reviewed research on children growing up in homes from which the father is absent.

Let it be clear at the outset that, other things being equal, we believe a two-parent home is more likely to be better for a child than a one-parent home. However, our review is not concerned with such a comparison, but merely with the effects on children of growing up in fatherless homes.

The report is not yet complete, but it is far enough along to provide some tentative findings and some firm impressions, based on review of almost 400 studies. Our primary list is limited to studies that are focused directly on the effects on children of growing up in fatherless homes, plus a few that include such a focus as part of a broader inquiry. This primary list, which we call our "core group," includes 59 studies. We tried especially to cover studies that were conducted during the last two decades, in addition to a few outstanding studies from earlier years. We did not try to cover the countless studies that include the category "broken home" as a trait used in describing a sample. Our effort, rather, was to achieve a representative sample of such studies for comparisons. Further, we limited our inquiry to homes in which the absent parent was the father, since such homes make up by far the majority of broken homes and since fatherless homes cannot be equated with motherless homes.

A systematic review of research in a given subject area means that the findings of other investigators become the raw data of the review. Although our analysis has not been primarily quantitative, we did undertake to make a rough and superficial count of the conclusions offered by the studies in our core group: how many reported adverse effects associated with fatherless homes, how many reported no adverse effects; and in each group, how many studies appeared reasonably sound in method, how many exhibited research defects too gross to permit serious consideration, and how many lay in the dubious territory between these extremes. Obviously, our classifications regarding soundness were subjective. However, each represented a conference judgment, and we accepted the author's word in classifying conclusions. We think that most serious researchers would probably agree to our extreme groups. There would probably be disagreement about studies in the dubious group, which we coded, quite literally, with a question mark.

For convenience, we refer to the studies that report

Based on a paper given at the annual forum of the National Conference on Social Welfare, San Francisco, Calif., May 26–31, 1968.

adverse traits or behavior associated with absence of a father as upholding the "classic" view, and to the others as challenging the classic view.

Our rough overall count, in effect, allowed each study to cast one vote "for" or "against" indicting the fatherless home as inflicting on its children adverse effects of some specified kind. The purpose was merely to document direction and degree of consensus without necessarily assuming that the results would prove one view right and another wrong.

Among the core group investigating the effects of continuing absence of the father, 29 studies support the classic view that fatherless homes are associated with adverse characteristics or behavior in the child; 17 challenge this position; and 13 report mixed conclusions.

Of the 29 reporting adverse effects, seven were rated as reasonably sound in method. Of the 17 challenging the classic view, seven were rated as reasonably sound.

The count cannot be taken too seriously because aspects investigated and conclusions reached were so varied and so fragmentary. Most studies of fatherless homes look at only one area, or, typically, only a few slivers of information within one area. It is interesting, however, that in the overall count the "classic" view wins handily, but among the studies rated acceptable in method, the rough score is a tie: seven for and seven against the classic view. The acceptable group comprises a larger proportion of those challenging than of those supporting the classic view.

Since juvenile delinquency is one of the adverse effects most often ascribed to broken homes, we made a separate count of those core studies that mention juvenile delinquency plus some other studies of delinquency not included in the core group. We found that seven studies upheld the classic view with regard to juvenile delinquency, although five of these did so with strong qualifications or reservations; of these, four were rated reasonably sound in method. Six studies opposed the classic view; of these, only one was rated reasonably sound.

The qualifications and reservations associated with the classic view had to do largely with confounding factors. Some investigators who found delinquent behavior significantly correlated with fatherless homes distrusted their own findings because of accumulated evidence that apprehension and treatment of juveniles are influenced by the fact of a broken home; or that the proportion of broken homes is high among low-income Negroes, who are more likely than others to be apprehended and, once apprehended, are more likely to be institutionalized—an experience tending to promote recidivism.

All in all, the consensus concerning delinquency leans toward the classic view if one takes no account of adequacy of method, and also if one does; but the classic view in this consensus is strongly qualified by suspicions of confounding factors.

Temporary father absence

Some of the studies cited as evidence of the adverse effects of fatherless homes are studies of *temporary* father absence. One of those most often cited is a Norwegian study[1] of father absence that was not only temporary, but also socially approved. The fathers were naval officers who were often away for 2 years at a time. The families were rural, white, upper-middle class, strait-laced Protestant. This Norwegian study is a careful study, with carefully qualified conclusions. But, as often happens, the investigators' qualifications evaporate when it is cited by others. Eloquent pleas have been made for rescuing the boys of Harlem from the adverse effects of fatherless homes "proved" by the Norwegian study. But there is a question about applying findings of this study to Negro boys in our urban ghettos. The question is underscored by the findings of other studies of the effects of a father's planned, temporary, socially approved absence (especially absence for military duty). Some of these studies, also carefully planned and executed, conclude that the chief problems were precipitated by the father's return rather than by his absence.[2]

The children in the Norwegian study were about 9 years old. Some studies of college men whose fathers had been away temporarily when they were growing up show systematic differences between these men and the controls, college men whose fathers were present throughout their childhood. On the other hand, at least one study shows differences in early childhood that seem to disappear later.[3] In another study, the investigator concluded that children in fatherless homes may merely take longer than children in two-parent homes to develop some characteristics, and suggested that they are more dependent than other children on peers for learning certain kinds of behavior.[4] Obviously, the age at which separation from the father occurs is important, and so is the age at which the child is studied.

Study findings are hardly needed to demonstrate that temporary father absence cannot be equated with

continuing father absence; or that planned and socially approved absence cannot be equated with socially disapproved absence. Studies that control for type of father absence—and many do—consistently report differences between children whose fathers are dead and those whose parents are divorced or separated. The differences are not always in the same direction. On the whole, however, ascribed effects of the father's absence are more marked in children whose parents are divorced or separated than in children whose fathers are dead. That is, adverse effects are reported to be stronger when the cause of fatherlessness is viewed with social disfavor. In line with this generalization, some studies of families broken by divorce report more adverse effects on children in Catholic and Jewish than in Protestant families [5] and in middle-income white families than in low-income Negro families.[6]

The picture does not become more clearcut when studies of temporary father absence are separated from studies of continuing father absence. The general pattern of findings remains the same though the numbers in each group are smaller. More studies do than do not report adverse effects associated with temporary father absence; but when the count is limited to studies rated free of gross defect in method, the number in each group is the same.

We are deliberately bypassing a number of highly relevant research points, such as sample selection, presence or absence of controls, effectiveness of controls, especially for socioeconomic status, and, above all, type of father absence. We have counted at least seven types of father absence, variously defined and varyingly compared, in the studies reviewed, and these do not exhaust the variations found in real life. The different types of father absence cannot be equated, nor do they form an orderly continuum.

In many instances, it is difficult to compare the studies because they do not use the same definition of "broken home," the term most commonly used. For example, some investigators include any "ever-broken" home in the broken home group, while others exclude reconstituted homes. Thus, children with a stepparent are sometimes in the "broken" and sometimes in the "intact" group.

A further point, also obvious, must be recognized in passing: although the differences reported are statistically significant, they are not necessarily practically significant. For example, with regard to juvenile delinquency, one statewide study reports that about 2 percent of the boys in two-parent homes and about 3.5 percent of the boys in one-parent homes were classified as delinquents.[7] Another way of saying the same thing is that 98 percent of the boys in two-parent homes and 96.5 percent of the boys in fatherless homes were classified as nondelinquent. Even without the appropriate qualifications, these figures do not suggest that most boys in fatherless homes are likely to be delinquent.

Family patterns

One missing element in these studies is a sense of individuals in the context of families and of families in the context of a broader community. Another is the recognition of different kinds of one-parent and two-parent families. When studies are focused on two-parent families, differences in harmony and functional two-parentness are often recognized. We hear a great deal about the communication gap between generations and about the impact on the child of the parents' marital relationship and of the parents' individual emotional or behavior problems.

On the other hand, in discussions of the adverse effects of broken homes on the development of children, there often seems to be a tacit assumption that all two-parent homes are "good" homes, in which fathers are strong and zealous, all parental functions are shared, and close-knit harmony prevails. Very few studies compare the effects on children of tense and conflict-ridden two-parent homes with the effects of harmonious, well-organized one-parent homes. Even fewer studies inquire about how the image of an absent father is presented to his children. We found almost no studies that explicitly related the effect of father absence to availability and functioning of other relatives or to the economic consequences of his absence.

Sex roles

In studies of fatherless children, much emphasis is placed on the lack of sex role models, especially on the problem the fatherless boy has in developing adequate masculine identification. In studies of Negro boys in low-income homes, sex role problems are ascribed to the matriarchal family. Studies of middle-class children also highlight sex role problems, but without reference to matriarchy. The most frequent conclusion is that, lacking a resident male model, the boy is more likely to become feminized. He may show this by dependency and passivity, or he may show it by compensatory masculinity. If he scores too low on a test of masculinity-femininity, he is classified as

feminized; if he scores high, he may be classified as showing overcompensation.

Studies concerned with masculinity and femininity pose problems both of substance and of method. The concepts used include "masculine and feminine roles," "role models," "identity," and "identification." These terms are neither strictly synonymous nor mutually exclusive, but present purposes do not require an attempt to define their areas of overlap and margins of difference. The measures most often used are scales of masculinity and femininity (referred to as M–F scales), questionnaires about family roles and relationships, and projective tests.

Many different M–F scales have been used, most of which were constructed through trial-and-error selection of the items that discriminated most effectively between males and females. These items usually include the subject's activity preference, occupational preference, avowed anxieties, and emotional reactions.

Among the projective tests used in these studies, structured doll play is conspicuous. Other projective tests employed were the IT Scale for Children and the Blacky test.

The studies reviewed were focused chiefly on boys who were growing up in fatherless homes. Differences in various directions have been reported for girls in fatherless homes compared with those in two-parent homes, but more attention has been paid to boys and their sex role identification. Only two studies focused exclusively on girls.

A preponderance of relevant studies in our core group show some M–F differences in the direction of lower masculinity scores on the part of fatherless boys. On a referendum basis, this tendency would be clear. But if only the studies rated reasonably sound in method are taken into account, the verdict is somewhat less decisive. In any case, the verdict is based only on a moderate difference between the mean scores of the groups compared. There are many individual exceptions—that is, a considerable overlap exists in the scores of children in one-parent and two-parent homes. Still a question remains about the assumptions underlying the use of these tests in studies of fatherless families.

Many of the measures employed have been sharply challenged on points of contents and interpretation.[8, 9] However, quite aside from questions about the validity of the tests (and there are serious questions), there is a question whether one should use as a criterion of basic well-being the degree to which a fatherless boy can be classified as adequately masculine according to one of the familiar measures. If it is assumed that "real" masculinity or femininity *should* be a criterion in judging well-being, then it must be recognized that there are several aspects the familiar tests do not claim to measure—for example, the child's conception of the way a man feels and behaves and the way a woman feels and behaves, or his picture of the interrelations between men and women. A more important consideration may be the child's conception of what it means to be a human being and what to expect from and offer to other human beings.

Most tests of sex role development do not claim to assess a child's basic well-being or potential for future well-being. They are geared, rather, to testing discrete variables which, according to the theory accepted by the investigator, provide clues to future well-being. Doubts about their usefulness as a basis for generalizations concerning fatherless children are supported by the fact that typically the M–F scores of more highly educated male and female subjects are closer together than those with less education.[10]

People who are concerned primarily with broad generalizations and broad programs cannot afford to base such generalizations on fragmentary studies undertaken to test fragments of theories which are themselves under challenge. Much of the research reviewed dealing with adequate sex-role development is of this nature.

Practitioners and program planners are not obliged to wait for resolutions of theoretical controversies before seeking answers relevant to programs and services. But they *are* obliged to make sure that any conclusions accepted are based on the soundest available evidence, which has been subjected to thorough analysis and has been viewed in the context of other available evidence.

Long before theoretical controversies have been resolved and experimental testing of theories has been completed, a great deal can be learned by care-

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ful analysis of detailed descriptive studies. For that matter, theory itself might profit by a great deal more preliminary observation and description. After all, this was the basis of Piaget's theories, which have contributed substantially both to theoretical psychology and its practical application.[11]

The information about very low-income families, fatherless or fathered, that is most useful to practitioners and programs has not come from neat, precise experimental testing of discrete, theory-based variables. It has come rather from less structured descriptive reports of anthropologists and anthropologically attuned sociologists such as Hylan Lewis, S. M. Miller, Lee Rainwater, and Frank Riessman, to name a few.

Three conclusions

This review has been a chastening experience. We have analyzed a wide range of studies, from large to small and from solid to inconsequential, using diverse and sometimes dubious instruments. There has been an almost startling lack of replication. Results do not fit together or complement each other to a substantial degree. Nevertheless, the review does provide a basis for conclusions:

1. Existing data do not permit a decisive answer to questions about the effects on children of fatherlessness. As Maccoby remarked about one small group of father-absence studies, "the issue must remain open for further evidence." [10] We can add that, on the basis of what we have found so far, we would not expect adequate evidence to indicate dramatic differences stemming from fatherlessness per se. If all the confounding factors (such as socioeconomic status, race, age of child, type of father absence) could be controlled, children in fatherless homes might be classified as somewhat worse off than children in two-parent homes with regard to some (though by no means all) of the variables investigated; but the statistical differences would probably be far less dramatic than is generally assumed, and might be negligible. Even if some differences were statistically significant, we would expect their practical importance to be dwarfed by other variables.

2. To increase knowledge about the effects on children of growing up in fatherless homes and about ways of helping them to achieve their full potential, we need to look with new eyes at the family—a prescription more easily given than filled. We need to broaden the context of our investigations and to deepen our knowledge about individual roles and interactions and about family processes. In this connection, several interrelated areas would merit more attention than they have had.

The fatherless home in the United States, for example, deserves study as a family form in itself, rather than as a mutilated version of some other form. It would be useful to give clearer recognition to the one-parent family as a family form in its own right—not a preferred form, but nevertheless one that exists and functions and represents something other than mere absence of true familiness. We need to take account of its strengths as well as its weaknesses; of the charactertistics it shares with two-parent families as well as its differences; of ways in which it copes with its undeniable difficulties; and of ways in which the community supports or undermines its coping capacity.

Role models that actually influence children in both one-parent and two-parent homes also deserve more study. On the one hand, there are suggestions that many fatherless boys are not so lacking in male models as is often assumed—especially boys in very low-income families.[12]

On the other hand, there are questions about whether an effective male model necessarily has to be one living in the home. It is often pointed out that children learn about maleness and femaleness from many sources, including the adults in their homes, their peer groups, TV, movies, and other mass media, and especially the persons—children or adults—who influence them particularly. Less is said about the influence of siblings as such, who are conspicuous by their absence from most of the studies reviewed. Yet in theories of child development and in the life history of most people who have had brothers or sisters, siblings are important.

Granting that an adequate, affectionate, resident father is desirable for and desired by most boys and girls, a great deal more needs to be learned about the extent to which male models who are not the children's fathers, including those who do and those who do not live in the home, help or could help fill the model gap. This means that more must also be learned about male models other than the father in the lives of children who grow up in two-parent homes—homes with fathers adequate and inadequate, ever-present or intermittently present. But we need to learn on a base broader than a few discrete theory-determined variables.

The mother in the fatherless home also needs to be

studied. How does she cope with her dual role as mother and father-substitute? How does she cope with her children? What picture of the absent father does she project to them? What kind of supervision and discipline is she able to exercise? What expectations does she impart to them about life and about people? What support does she have from family, friends, or community? We assume that the effect on children of the mother's behavior and attitudes is profound in any family. Unquestionably, in the absence of a father, the mother's role is especially difficult and demanding.

It is usually impossible and often would be undesirable to restore the absent father to a fatherless home. But it *is* possible to ease at least some of the mother's burdens—economic and social, if not psychological. And this may be the most direct and effective means of opening a pathway to fuller development and more life satisfaction for her children.

3. We are giving the question a wrong slant when we ask: how, and how much, are children harmed by growing up in fatherless homes? The history of research about working mothers provides a useful example with regard to question formulation. Not so many years ago, conferences were discussing the effects on children of having a mother work outside the home. Distressed mothers, alarmed at the wide publicity given to an inadequately controlled research study, were writing to the Children's Bureau to ask, "Am I making my child into a juvenile delinquent because I have to work?"

Today there is remarkable consensus among research investigators concerned with the subject, that whether the mother works is not in itself the crucial variable. On the contrary, analysis of available evidence indicates that the effect on her child of a mother's employment depends on a number of other factors, such as her attitudes toward working or not working; the attitudes of other family members; her relationship to her husband; her temperament; her arrangements for child care; and the age, sex, and special needs of the child.

The relevance of this example lies in the shift of focus from a single variable, assumed to be "the" determining factor of whatever results are found, to a cluster of interacting factors that, on the one hand, mediate the effect of that variable and, on the other hand, provide clues to methods of diminishing some adverse elements in its effects. We expect an analogous development with regard to children in fatherless homes.

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[1] Lynn, D. B.; Sawrey, W. L.: The effects of father absence on Norwegian boys and girls. *Journal of Abnormal and Social Psychology*, September 1959.

[2] Stolz, Lois Meek, et al.: Father relations of war-born children. Stanford University Press, Stanford, Calif. 1954.

[3] Mischel, Walter: Father-absence and delay of gratification: cross-cultural comparisons. *Journal of Abnormal and Social Psychology*, July 1961.

[4] Sears, Pauline S.: Doll play aggression in normal young children: influence of sex, age, sibling status, father's absence. *Psychological Monographs*, vol. 65, no. 6, 1951.

[5] Rosenberg, Morris: Society and the adolescent self-image. Princeton University Press, Princeton, N.J. 1965.

[6] Gurin, Gerald; Veroff, Joseph; Feld, Sheila: Americans view their mental health. Basic Books, New York. 1960.

[7] Gregory, Ian: Anterospective data following childhood loss of a parent: I. Delinquency and high school dropout. *Archives of General Psychiatry*, August 1965.

[8] Pollak, Otto: The outlook for the American family. *Journal of Marriage and the Family*, February 1967.

[9] Vincent, Clark: Implications of changes in male-female role expectations for interpreting M–F scores. *Journal of Marriage and the Family*. May 1966.

[10] Maccoby, Eleanor E.: Sex differences in intellectual functioning. *In* The development of sex differences (Maccoby, Eleanor E., ed.), Stanford University Press, Stanford, Calif. 1966.

[11] Hunt, J. McVicker: Intelligence and experience. The Ronald Press Co., New York. 1961.

[12] du Bois, Hazel: Working mothers and absent fathers—family organization in the Caribbean. Unpublished paper given at the annual meeting of the American Anthropological Association, Detroit, Mich., November 1964.

a speech and hearing clinic provides a home teaching program for . . .

HELPING PARENTS TO HELP DEAF INFANTS

LAURA L. KNOX • FREEMAN McCONNELL

A deaf child—that is, one with such a severe hearing defect that without help he will not even notice sound—needs special and continuous attention very early in life if he is ever to learn the meaning of sound and speech. To help parents know how to provide the appropriate kind of attention, the Bill Wilkerson Hearing and Speech Center in Nashville, Tenn., has since 1966 operated a program for the parents of children under 3 years of age with severe hearing deficits. The project is supported by a demonstration grant from the U.S. Office of Education. The 78 children who have been involved have all been children who during the diagnostic workup in the clinic failed to respond to sound and were fitted with hearing aids, usually in both ears. The 40 now in the program come from every part of Tennessee and other States as well.

The distinctive feature of the Wilkerson program is the use of a model or demonstration home in which parents are taught how they can help their child develop skill in attending to sound and speech during the course of normal activities at home in the years before he is old enough to take part in outside programs.

The home teaching program is based on the belief that the people most important to a young child are his mother and father and the place most important to him is his home; and that therefore he can learn best in his own home from his parents. Because parents need help in knowing what to do to stimulate an awareness and understanding of speech in a deaf child, it seems logical to bring the child and his parents together in a model home where many of the activities that take place on any day in the life of a young child can be simulated.

Few guidelines were available to the center when the program began. As training courses for teachers of the deaf do not prepare teachers to work with very young deaf children nor to handle the many problems that the parents of such children bring to a clinic, the center's teachers had had no specific training in this type of work. Nor could the center rely on precedent set by others, since the few programs providing organized services for deaf infants and their parents had not been described in the literature. Traditional preschool programs for deaf children tend to be child-centered; the home teaching program is strongly parent-centered.

The center has had, therefore, to rely in its home teaching program on the inventiveness and good

sense of teachers who have had sound training in child development and in the special difficulties of deaf children. It has found especially effective teachers who are themselves mothers, as much of the discussion at sessions with parents is focused on such problems as discipline and ways of reinforcing good behavior. The four part-time teachers who now comprise the staff are all mothers themselves. Therefore, when parents ask questions relating to these aspects of child rearing, the teachers can say in effect, "I've been there, I know exactly what you're talking about."

A relaxed atmosphere

The demonstration home is housed in a two-story red brick building a half block from the Bill Wilkerson Center. Thus it can maintain the relaxed nonclinical atmosphere of a home, while the children it serves can conveniently be provided continuing audiological examination and treatment. Even on the dreariest day the kitchen with its yellow walls and yellow and white checked curtains is bright, warm, and inviting. An exchange of ideas with a teacher over coffee at the kitchen table seems to make the reception and assimilation of ideas far easier for the parents than is possible at a conference table in the clinic. The essence of the parent-teacher relationship is informality, for which the staff consciously strives from the first session. Parents are urged to dress as they would at home. The teacher spends a great deal of her time during each session working in the kitchen as a mother would at home or sitting on the floor with the child, and the parents are expected to join in her activities.

Parents—both mother and father, if possible—bring their deaf child to the demonstration home after two visits to the center during which the child's hearing problem has been diagnosed. Usually the parents have been deeply affected by what they have been told at the center. For many, the diagnosis has confirmed their worst fears. For others, the fact that their child has a severe hearing deficit is a new and shocking idea. The staff of the home has found that the best way to counteract the parents' emotional state is to emphasize the everyday routines that must be dealt with at all times of life in spite of grief or joy.

Because the mother is normally the parent who is with the child most of his waking hours, the program in the demonstration home is largely focused on the mother's role in stimulating the child's interest in sound and speech. The teacher does what the mother of any very young child does: she spends a great deal of her time in the kitchen preparing meals, washing dishes, feeding the child, and performing other chores. She washes windows, sweeps and dusts, folds and sorts clothes, irons, bathes and dresses the child, plays with him, reads to him, and sings to him. But at the same time she is carrying out these tasks, she demonstrates that every activity provides a means of communication and an opportunity to call attention to speech and the many other kinds of environmental sounds the child must recognize. While visual stimulation is not excluded in the program, the teacher's major effort is to show that most deaf children have sufficient residual hearing when wearing hearing aids to respond to and recognize such sounds.

We ask the parents to remember that the child is first of all a 2-year-old or an 18-month-old or whatever age child he is and, second, that he is a child with a severe hearing deficit. In other words, we do not ask parents to do anything with the child that is different from what they would do with a normal child, but we do ask them to do some things in different ways. For instance, since the demonstration home is near a busy intersection, the ears of anyone in the home are bombarded from time to time with the loud sound of screeching brakes. When this happens, the teacher places her hands to her ears, then whisks the child up in her arms, runs to the window, points to the automobile, and says, "That car stopped. It made a big noise. Now it's ready to go. See the car go." She then points out to the mother that, while to a child with normal hearing a mother might merely say, "My goodness, what a loud noise that car made," such a matter-of-fact statement is not enough for a child with a hearing deficit.

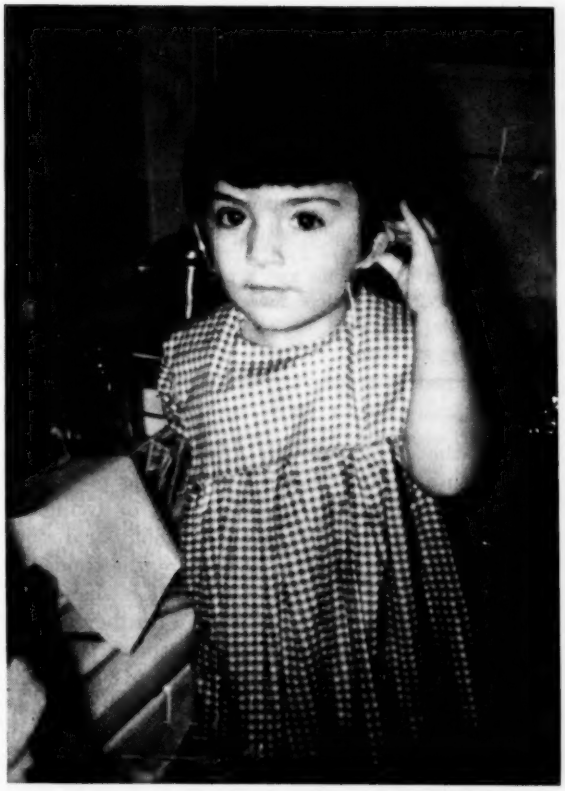
Two emphases

Essentially two main requests are made of the parents we serve. The first is to give the child the kinds of experience that any other child his age would have; and the second is to give him words—words for objects he sees, words for people around him, words for activities he is doing. Thus, our emphasis is on communicating with these children about things that are of particular interest to them at the moment.

But calling a deaf child's attention to sound is not enough. The child has to be *shown* how the sound occurred and where it came from. We attempt, therefore, to help the parents become aware of the many sounds in their environment and how to use them in

a way that is meaningful and interesting to the child. For example, in the first session when the teacher places the child in a high chair for a snack, she calls his attention to the loud, metallic snap of the tray. From then on, she continues to bring everyday sounds to the child's attention: she slams the refrigerator door shut, she rattles pots and pans, she bangs the cookie tin on the table, and, if the child does not knock the top of the cookie tin off the table, as a child usually does, she deliberately drops it on the floor. In such vivid ways, the teacher shows the parents how they can use the sounds that occur daily in the home to help their child differentiate between sounds he otherwise would ignore because he hears them so faintly.

In each instance, the mother is asked to explain what the teacher is doing: to identify the sounds to which the teacher is calling the child's attention, and to tell how she does this and how she correlates her talking with her actions. Then the teacher asks the mother to try these procedures at home. In the next session, the mother may be asked to give the child a snack herself incorporating some of the ideas she has picked up from the teacher. In this and almost every subsequent visit the teacher provides further demonstrations of how the mother can work with the child while carrying out normal home routines; the mother practices them at home during the week, and on her return for her next lesson demonstrates to the teacher what she has been doing. Sometimes, when in the judgment of the teacher the mother is ready, the teacher puts the mother in a sink-or-swim situation by asking her to perform a task without warning or preparation. For example, she might ask the mother to wash the dishes or bathe the baby and during these activities to talk to the child. The teacher then evaluates the mother's performance, always finding something to praise, but also making suggestions.



With hearing aids in both ears, this little girl seems fascinated by a sound she has heard as she stands in the kitchen of the demonstration home in which her mother is taught how to help her pay attention to the normal sounds of daily living.

The parents' feelings

Soon after the home teaching program began, the teachers at the demonstration home became aware that some of the information they were giving to the parents was not being assimilated. The teachers were having to repeat what they had already said. Therefore, we found it helpful to consider carefully the backgrounds of each parent. We found these have differed widely. The fathers' ages, for instance, have ranged from 19 to 65; the mothers', from 16 to 42. The education of the fathers has ranged from completion of the fifth grade to a doctoral degree; the mothers', from completion of the fourth grade to a college degree.

Obviously, we could not give information in the same way to each family. Technical words that teachers and clinicians toss about freely have little meaning for some parents. Over and over, we have found it necessary to simplify explanations and illustrations and to repeat ideas. However, we have also found that because a parent had a college degree does not mean that he can talk well to a child. Frequently, those parents with the least education have shown the most insight and commonsense as far as dealing with children is concerned.

There are several reasons why parents cannot rapidly absorb instructions having to do with their children, but the paramount reasons are in the realm of "feelings."

We have found that the interpersonal relationship

Both **Laura L. Knox**, left, and **Freeman McConnell** are staff members of the Bill Wilkerson Hearing and Speech Center in Nashville, Tenn. Mrs. Knox is a teacher-clinician who is involved in the home teaching program for parents of deaf infants they describe. Dr. Freeman is director of both the center and the home teaching program. He is also a professor of audiology at the Vanderbilt University School of Medicine and a professor of education at the George Peabody College for Teachers.

between the child's parents affects their ability to work with a child with a severe hearing problem—not only whether they are separated or living together, but also whether there is harmony or discord between them in the home. Therefore, the teacher is on the alert for signs of how well the husband and wife communicate with each other. Can they discuss their feelings openly with one another? Does the husband feel the need to be strong and to protect the wife, or is the wife determined to appear brave and cheerful to avoid depressing her husband? Are both parents able to deal with intense emotions that could be devastating? Can they overcome feelings of guilt such as those harbored by the mother who confessed to the teacher that "a lady in my church told me my child's deafness is a punishment for me because I didn't want the baby," or by another whose physician had exclaimed the first time she brought the child to him, "My God, woman, why didn't you bring this child to me months ago?" The teachers deal with these feelings as best they can at that moment. If the problem seems acute, they refer the mother to the center's social worker or psychologist, to another community service, or to the family's physician.

The parents may also be concerned about the reaction of neighbors and the public to their child's hearing problem. The pain of knowing one's child is severely handicapped is heightened when a next door neighbor forbids her child to play with him because "since he can't talk, he must not be right." Parents must also face the reactions of perfect strangers—for example, the pitying stares at a child who is wearing a hearing aid in each ear. The teachers at the demonstration home try to help the parents accept such challenges by encouraging them to acquaint their communities with the nature and meaning of a severe hearing problem to a child. Many parents have taken up the challenge as did a number who went as a group before the board of education to urge continuance of the preschool program for deaf children.

Personal considerations also have to be taken into account in planning schedules. Experience thus far suggests that the ideal situation would be to have the parents bring their child to the demonstration home once a week. Parents living close to the home usually can do this, but those who live farther away often require another plan—for example, alternate weeks or once monthly. We have not found it practical to insist on fathers coming to the demonstration home every week as they may have to forfeit wages for the time they are off from work, but they are expected to come for the initial sessions and at less frequent intervals thereafter.

Working mothers, also, may lose income when they take time off from work for a session at the home, and they may find it difficult to come in at other times, as they have their own household chores to attend to. Working mothers also present another problem in that they are away from the child much of the time he is awake. They are therefore urged to bring with them to the demonstration sessions the babysitter, grandparent, aunt, or whoever has the major responsibility for the child's care while they are at work.

Some parents are slow to grasp the magnitude and far-reaching effects of the problem they face with a deaf child; their questions to the teachers come haltingly. Others grasp the circumstances all at once; their questions burst forth in volleys—"When will my child learn to talk?" "Will he be able to go to school like normal children?" "If he can't hear, why talk to him?" The teachers answer such questions as best they can. If they do not know the answers, they say forthrightly, "I do not know the answer to your question, but I will help you find it."

Parental understanding

To help the parents acquire better understanding of themselves in relation to their handicapped child, the center holds monthly group meetings for them. For the first year and a half, the meetings were held at night, but they are now held in the morning in deference to those parents who come from a considerable distance. Attendance at these sessions is generally mandatory for all parents in the home teaching program, and in some instances members of the staff themselves make arrangements with employers for parents to be excused from work to attend the sessions.

The first part of the program is an information session. Otologists, audiologists, educators, and pediatricians address the parents on specific topics such as child development, the causes and treatment of hearing impairment, speech and language development, and the value of hearing aids. The speaker then presides over a question-and-answer period.

After a break for coffee, the parents meet in a 2-hour session with two psychologists with whom they explore their feelings about having a handicapped child and their attitudes toward the child. The psychologists also deal with whatever problems the parents bring up. There is invariably a question about discipline. Parents ask, "How can I punish my child when he doesn't understand what I'm saying?" The psychologists reinforce the point constantly made by the teachers that in any situation in the home the parent must help the child understand through whatever means of communication has been established between them. A great deal of time in the program is spent on stressing the importance of setting limits for a child's conduct and the need for consistency in dealing with him.

The teachers meet with the psychologists immediately after the sessions to exchange ideas and information. This aspect of the program has been valuable for both parents and staff: the parents are helped to become more sensitive to their own feelings, to their spouses' feelings, and to the feelings of their children; the staff members gain insight into their relationships with the parents.

The program's goal is not to make the parents into trained teachers of the deaf but to help them become good mothers and fathers who value and seek a warm, loving relationship with their child and who will try faithfully to use the guidelines presented to them to make their talking to a child a real act of communication. A few parents have expressed a feeling probably shared by most of them: "Well, you teachers can walk out that door at 4 o'clock this afternoon and never have to think about this child again until you come back tomorrow morning, but with us it is a 24-hour-a-day job." Such a statement stimulates the teachers to look for more and better ways to make the parents' role easier and more effective.

Parents differ widely in ideas and attitudes they have about and toward themselves. Some are healthy and constructive; these the center tries to reinforce. Others are disturbing and detrimental; these the staff tries to dilute or eliminate. We have found, however, that parents with negative attitudes are usually insecure about their ability to be good parents to a deaf child. For this reason, our teachers go to great lengths to bestow honest praise; even when a demonstration has been poor, they usually can find one aspect of it to compliment, and at the same time, help the parent to see directions in which he can make improvements.

One of the most valuable gifts a parent can give his child, handicapped or not, is a feeling that he is of unique worth as a person. Parents cannot give this gift to their child if they are convinced they are failing him. This is particularly true if the mother thinks she is falling short. Thus, the center always tries to work from a position of strength—to build up and elaborate on what is good. We hope this attitude of confidence will carry over to the parents' relations with their child so that they will look for things that the child does well, either an activity or an attempt at vocalization, and reward him with smiles and hugs.

By encouraging the parents in the home teaching program to perform at a level that surpasses their assessment of their own ability, staff members try to encourage each child to exceed his seeming limitations. Thus, for each child the center holds high expectations as long as possible. In this way, we hope to open for him early in life the doors to language and speech, doors that otherwise might be tightly closed to him.

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a preventive welfare service

NORRIS E. CLASS

Today, people in the field of public welfare are beginning to recognize the importance for efficient administration of examining the various types of programs within the scope of public welfare to determine what they really are or could become. One responsibility of public welfare, the licensing of child-care facilities, is rarely seen for what it really is, a preventive program—a program not to treat problems but to prevent misfortunes from befalling children. The preventive aspects of a licensing program differentiate it from child protection, which is essentially a program of *social treatment* or rehabilitation. Only when the distinction between prevention and rehabilitation is clearly recognized can a child-care licensing program fully realize its purpose of *preventing social ills.*

The fact that this distinction is often not recognized raises three questions: (1) What are the features of a preventive program? (2) What are some of the factors that confuse the perception of child-care licensing as preventive? (3) What are some of the administrative imperatives if child-care licensing is to be carried out as a preventive program?

Study of preventive programs in the related field of public health points up four common features:

1. They are oriented to the future, not to the past.
2. They are focused on the entire community or a large section of the population rather than on the individual.
3. Their activities are scientifically guided or at least based on a validated, commonsense idea of causation.
4. The mode of administration is interventive and is characterized at times by a show of authority.

Future orientation. When an operation in social welfare is guided by a past event, for example, protective activity in behalf of a neglected or abused child, the service must be regarded as social treatment or rehabilitation. To call it preventive after the fact, as did the early societies "for the prevention of cruelty to children," is unrealistic.

To be truly preventive, the orientation of the action must be to the future, as it is in licensing. The public health officer who orders a swamp drained, lest someone (anybody, not a particular person) walk by and be bitten by a yellow fever carrying mosquito, is engaged in a preventive action. He is taking action to ward off possible harm to persons who have not yet been bitten. He is future oriented. The practicing physician who treats the person who has already been bitten is past oriented. The knowledge and skill of the health officer and the physician may overlap, but their operational focus and time orientation are different.

Child-care licensing, like public health work, looks to the future to prevent pathology. The licensing worker goes through the same kind of process as the public health officer who ascertains whether or not the environment contains injurious forces and manip-

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ulates the environment to make it safe. Before granting an applicant permission to operate a proposed child-care facility the licensing worker makes a determination of facts to ascertain whether or not it will provide a favorable environment for a child who is away from home. In the course of his investigation, the worker may make many suggestions intended to manipulate the environment to prevent improper care. He acts in advance of the arrival of the child just as the health officer acts in advance of the passerby at the swamp.

The wider focus. In a social treatment program, the focus of attention is on particular characteristics of a specific person, or a small group of persons, who at the moment is diseased, disabled, dependent, deviant, or disadvantaged. In the helping professions, we call such a focus individualization of treatment. In a preventive program, the focus of attention is not on the individual in distress but on established standards applied to *any* person or persons under the same set of circumstances to prevent the occurrence of distress and to promote positive health or general well-being, or both. The individual is dealt with only as a part of a collectivity to which the standards are applied. A child-care licensing program is a community's device for reducing risks for children who are away from home by setting standards of behavior for the providers of care and helping them to internalize those standards. Perhaps the appropriate social work method for child-care licensing is community organization.

Scientifically based operations. A third essential in a preventive program is that the action be based upon validated knowledge of cause-and-effect relationships. Although social and behavioral sciences lack the specificity of cause-and-effect relationships found in the physical sciences, enough has been learned through research and commonsense observation for some valid predictions to be made.

As the "Encyclopedia of Social Sciences" points out, the modern public health movement "was given strength and impetus by the demonstration that certain kinds of diseases were caused by microbes and that such diseases could often in fact be easily and completely controlled by simple scientific procedures."[1] In other words, knowledge of specific diseases and their cause led to specific programs of prevention. In earlier efforts, the search was for a single remedy or even an omen that would bring general riddance of all disease. From such attempts to prevent ill health generally, Western countries were moved by science to programs to prevent *specifically* identified diseases: for example, syphilis, tuberculosis, and yellow fever.

Moreover, it proved possible to prevent some specific diseases or conditions for which full scientific knowledge of cause-and-effect did not exist, but only a *validated* commensense surmise. For example, as Caplan has pointed out, scurvy in sailors was eliminated through the issuance of rations of limes and fresh vegetables long before a "scientific" knowledge of the relation of nutrition to this deficiency disease existed.[2] Prevention of scurvy resulted from *sound observation*, an analytic approach, and a commitment to the belief that a specific cause-and-effect relationship existed. The great *preventive* value of validated commonsense is that it rests on specific observations rather than on a broad, all encompassing assumption. In child-care licensing, the worker knows that a warm emotional relationship between caretaker and child is basic to good care, but he must also recognize that, as Bruno Bettelheim has put it, "love is not enough."

Prevention as intervention. An additional characteristic of a preventive program is its interventive nature. Because the purpose of the service is to head off possible destructive events, the workers must sometimes use the authority of the community to intervene in situations otherwise regarded as private. All truly preventive programs, especially those under public auspices, must accept the responsibility for intervention and for dealing with the problems of operation and public relations that arise from the necessity to intervene.

Confusing factors

The failure to regard child-care licensing as a preventive program may be traced to at least three historical facts:

1. Early programs for licensing child care were wrongly used to deal with serious situations requiring true protective services.

2. The administration of child-care licensing was placed in State departments of public welfare which had protective responsibilities, thus probably affecting the image of the licensing function.

3. In administering the programs, public welfare departments mixed licensing and placement opera-

tions in a willy-nilly fashion, thus impeding a clear delineation of the licensing purpose.

A front for protective service. Child-care licensing in this country began around 1900. Many early licensing programs were a response to reports in the press of the dreadful care infants were receiving in so-called "baby farms" and corrupt adoption agencies. In many instances the conditions exposed indicated that a forthright program of public protective service was needed.

By a program of public protective service is meant a program providing for official intervention on an individual basis to rescue individual children from immediately harmful and injurious care. This type of action could have been taken under the doctrine of *parens patriae*, which permits the State to act in the best interest of the child, a long accepted chancery concept in Anglo-American law.

The virtue of this type of protective approach is that it is immediate and specific. It can deal with dangerous situations quickly. Child-care licensing is less well equipped to deal with emergencies.

By constitutional necessity, efforts to protect children through licensing child-care facilities must move more slowly. More important, licensing is primarily concerned with the provider of the service rather than with the child using the service. Child protective service and child-care licensing are complementary and interrelated child welfare programs. However, they are not synonymous in function and do not become so by word magic or mislabeling.

Why a vigorous public program of protective care was not implemented rather than a slow-moving and less individualized licensing program cannot be determined with any historical finality. Speculatively, the prevailing ideologies of laissez-faire and social darwinism may have been important contributive factors in the decision making.

Persons holding these ideologies tended to believe that any use of authority by the State to interfere with a private—albeit unsavory—enterprise was possibly a greater evil than the distress, pain, or suffering of the victim of the enterprise.

Licensing with its slower-moving and milder approach may have seemed more acceptable than a more immediately aggressive protective service program. In a sense, the licensing laws may well have been enacted as temporizing measures. But the licensing programs tended to be interpreted as protective and have continued to be so interpreted down to the present time.

A group of children in a day-care center, licensed by a public welfare department in a program established "not to treat problems but to prevent misfortunes from befalling children."

Administrative location. It was probably both logical and desirable to place the administration of child-care licensing in State departments of public welfare. But unfortunately, at the time licensing came into being, the average State department of public welfare did not have the kind of public image that was conducive to the recognition of licensing as a preventive program. In fact, the man in the street tended to regard the public welfare department as being concerned with people needing immediate help of a kind requiring no scientific approach. Moreover, in most States the public welfare department had neither the prestige nor the operational effectiveness necessary for the sound development of a preventive program such as would have been present in a public health department.

Confusion with placement. Another reason the message did not come through that child-care licensing is a preventive, regulatory program may have been that the licensing function was usually combined with facility finding and child placement. In many public welfare departments the administrators of the licensing section have had no understanding of the regulatory nature of licensing. Their approach to licensing has been to use their skill in the supervision of the placement of children rather than to

administer regulations; thus they made the licensing program into a second-rate protective program. Public welfare policies of providing subsidies to or purchasing services from voluntary child-caring agencies may have also clouded the preventive aspects of licensing, for under such policies the required standards of care could be secured through fiscal regulations rather than through the kind of intervention provided for by the licensing statute.

Administrative imperatives

If child-care licensing is to be recognized as a preventive public welfare service, the administrative structure and operation of the licensing program must be designed to take into account four administrative imperatives:

1. ***The scientific validation of standards.*** The standards or requirements must be, as far as possible, scientifically validated. The licensing authority must be able to show the need for the requirement by research or technical findings, especially in the form of epidemiological analysis. A validated relationship should also exist between what the regulations require and the specific preventive goals. This does not mean that a State department of public welfare should not contribute to establishing "ideals" for child care. The department may indeed crusade for such ideals, and its licensing requirements should represent a step toward their achievement. However, the licensing standards themselves are not, and cannot be, the ideals, no matter how much we wish they could be. Pragmatically, one of the most important functions of "ideals" is that they constitute guidelines for the upward revision of licensing requirements.

2. ***Community education.*** The second administrative imperative in making child-care licensing a preventive measure is to see that the standards are practically acculturated; that is, that they are widely known and accepted and that they constitute patterns of normally expected behavior. To achieve this acculturation, both teaching the licensee and interpreting the purpose of the program to the public need to be taken much more seriously than they are now. Of course, the statement of standards must be clear about the kind of performance expected of the licensee. It should also provide the users of the service with a knowledge of what they have a right to expect.

Without acculturation of the standards, intervention through licensing is difficult. Unless the licensing standards are widely known and accepted, the licensing worker knocks at the door of the applicant *alone*, rather than with the backing of the community. The burden of the interpretation then is almost entirely on the worker. Any preventive program, including child-care licensing, is essentially a teaching and learning operation. This means that the licensing staff must deliver effectively, efficiently, and economically the message as to what the program is intended to prevent and how. Without a proper staff development program, this test of sound licensing administration cannot be met.

3. ***Intervention and enforcement.*** A third administrative imperative for preventive welfare programs is a corollary of the acculturation of standards. It is the necessity to accept and use with a high sense of responsibility the authority inherent in the program. The slow-moving, passive, permissive approach, often successful in social treatment, cannot prevail in licensing *once a standard has been set.* An established standard has the force of law in so far as it prescribes expected behavior and carries positive and negative sanctions. To license the substandard is to postpone effective preventive action, the *raison d'etre* of a licensing program. More important, to postpone action in relation to one facility while demanding that others meet the requirements immediately makes for unequal treatment before the law.

Moreover, the State's willingness to resort to a "show of authority" in situations involving significant failure to comply with the standards is perhaps its most effective and efficient instrument for acculturation. A maxim for the operation of a licensing program might be: *nothing acculturates so quickly as a good court review of the requirement.* The court review provides an opportunity for discussion of a controversial point in an atmosphere in which full

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inquiry and rational thinking can take place and decisions can be made objectively with a view to the welfare of the community and of the differing parties. A court review may also provide an excellent means of getting information about licensing into the community's media of mass communication.

To intervene effectively and efficiently in child-care operations, the licensing staff needs ready access to attorneys who can clarify issues and give directions for appropriate action in specific situations. The attorney should play a large part in the inservice training of the members of the licensing staff, especially in respect to the basic rights of the licensees and the users of the service. The attorney may also be most helpful in giving advice to the members of the licensing staff about their appearances as witnesses at court hearings.

One may gain the impression from observation and conversation that many licensing workers constantly have the frustrating experience of dealing with county district attorneys and State attorneys who look at the licensing program from the point of view of criminal law, disregarding its regulatory nature. They may insist that a child must have suffered actual harm or distress in the child-care arrangement before they will institute action to enforce standards. In other words, they tend to do what others have done in the past—to turn a valuable preventive program into a weak protective program. One might wonder if they would have the same point of view toward enforcement of standards of air safety.

4. ***Supervision and consultation.*** A fourth administrative imperative in transforming licensing into a preventive service is the provision of proper supervision and consultation to the licensee. Only through supervision and consultation can licensing become a dynamic preventive welfare program. One of the basic tasks of any preventive program is community education. Supervision and consultation can play an important part in establishing what is proper care for children who have to live away from home.

Theoretically, at least, a licensee at the time of applying for a license and in the course of the study or investigation of the facility learns the essentials of child care as put forth in the licensing standards. However, this initial learning on the part of the licensee may not be as accurate or complete as is desirable. Thus, supervision and consultation can fill in where the initial learning was defective or refresh that which was hurriedly learned. Consultations especially can help those licensees move forward who are performing in a minimally satisfactory manner but have potential for a higher level of operation.

Helping a licensee move beyond a level of minimal requirements, may be defined as consultation in contrast to supervision, which is concerned with the meeting of basic requirements. A good example of consultation in contrast to licensing supervision is provided by the licensing worker who, having determined that all general requirements such as safety, health, and nutrition have been met in a day-care facility, then helps the licensee to develop an enriched play program.

The provision of consultation through a licensing program, however, presents some problems that, as yet, have not received the attention they deserve. One question needing attention is how far a responsible licensing program can or should go in providing consultation without specific statutory stipulation. Another question is how a licensing agency, even when it has statutory authorization to provide consultation, can make the licensee fully aware of when the licensing worker is providing consultation, which is always suggestive in nature, and when supervision, which concerns mandatory requirements. This distinction must at all times be clear to the licensing agency as well as to the licensee. If the improvement of child-care facilities is achieved through an arbitrary constriction of the rights of the licensee, it will be most likely only a Pyrrhic victory in respect to the safeguarding of children who have to live away from home.

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[1] Winslow, C. E. A.: Public health. *In* Encyclopedia of social sciences. The Macmillan Co., New York. 1934.

[2] Caplan, Gerald: Principles of preventive psychiatry. Basic Books, New York. 1964.

COMPREHENSIVE SERVICE PROGRAMS FOR SCHOOL-AGE PREGNANT GIRLS

MARION HOWARD

Ten years ago, probably not more than one or two communities in the country offered comprehensive programs to meet the needs of pregnant school-age girls from low-income homes. By 1967, according to a survey sponsored by the Children's Bureau, at least 35 communities were providing coordinated educational, health, and social services to such girls and more were planning to do so.[1]

Communities are offering these comprehensive programs in the hope of alleviating three major problems that arise when young girls become pregnant:

1. Such girls are generally dismissed from school, and many never return.

2. Many girls do not receive the kind of prenatal care or counseling appropriate to the concerns adolescents have about pregnancy, childbirth, and parenthood.

3. Many pregnant girls have no one to turn to who can help them plan realistically for the future.

Some of the comprehensive programs provide services directly while others coordinate services provided through the cooperation of several community agencies, most often the local education and health departments. Public welfare departments and voluntary social agencies are also frequently involved.

Many of the programs began as demonstration projects, and are therefore designed to serve only a fraction of the girls needing such help in their communities. To a large extent, the programs are still pioneering—clarifying their objectives and developing patterns for meeting these objectives. Only a few, such as the program centered at the Webster School in Washington, D.C., have published reports examining in depth what they have thus far achieved.

Because of a growing interest in the development of such programs, this article is being presented as a brief summary of what is being done and thought in many of them. It is based on the results of the aforementioned survey,[1] the findings of the Webster School study [2] the author's site visits to programs in eight cities—Atlanta, Ga., Chicago, Ill., Cleveland, Ohio, New Haven, Conn., New York, N.Y., and Los Angeles, San Francisco, and Oakland, Calif.—and the discussions in a workshop focused on the pregnant school-age girl, held in Chicago last May under the joint sponsorship of Yale University and the Children's Bureau.[3] Representatives from 15 programs for pregnant girls attended the workshop.

Objectives and design

Although the stated objectives of such programs vary, they generally include the following purposes: (1) to provide the girls with continuing education during pregnancy, thereby increasing the likelihood

that girls will go back to and continue in school following childbirth; (2) to assure the girls of early and continuous prenatal care, thus improving the chances of a healthy outcome of childbirth for both mother and infant; and (3) to help the girls solve personal problems that may have led to or been caused by their pregnancy, thereby improving their potential for achieving a satisfying life.

Implicit in such programs have been two other goals: (1) preventing subsequent pregnancies out of wedlock and (2) helping the girls to establish some form of stable family life. Experience in working with the girls and information gained in the Webster School study, however, suggest that the latter two are the more difficult goals to achieve. At the Yale workshop, it was suggested that these two goals be made explicit and program components be created to help the girls attain them.

At present the structures of the programs vary. Some programs provide the girls not only with the practical services they need but also with a daytime therapeutic environment. They do this by having an interdisciplinary staff constantly present to give the girls emotional support and to deal with individual problems as they arise. Others concentrate chiefly on meeting the girls' practical needs until they once again can take advantage of community services through normal channels.

As has been mentioned, these programs have been established primarily to serve girls from low-income families living in urban areas—girls who are unlikely to be able to take advantage of maternity home services. Most of the girls are members of minority groups—Negroes, Puerto Ricans, Mexican-Americans, and American Indians. Because of cultural and economic factors, as well as the scarcity of adoptive homes for nonwhite infants, they generally stay in their own homes during pregnancy and do not place their babies in adoption. Program emphases, therefore, are largely, but not exclusively, upon helping the girl who plans to keep her baby.

In setting up such programs, most administrators start by reviewing the incidence of known pregnancies among school-age girls in their community and estimating the number of girls the program might be expected to interest. They then decide on what basis to select the girls to be included. Factors usually considered in selection are the girl's school history and desire to continue in school, her age, marital status, and stage of pregnancy, and her parents' interest in the program. Since most of these programs take only a limited number of girls, they tend to select girls who have an interest in school and appear to be willing to take advantage of the counseling help offered and to keep medical appointments. The girls not accepted by the program are sometimes referred to other health, education, and social service resources.

Among the girls served, administrators note differences related to age. Younger girls, they say, have more problems. The findings of the Webster School study bear out this impression.[2] Among the girls who attended that program, the younger girls were found to be higher risks medically, educationally, and socially than the older girls. That is, proportionately more of the younger girls gave birth prematurely, more tended to drop out of school following childbirth, and more became pregnant again out of wedlock. Some administrators now think that different program components may be needed to help the younger girls.

Services

The 35 programs surveyed in 1967 provide many kinds of services, either directly or indirectly. Some of them include such diverse offerings as vocational training and placement, legal counseling, psychological evaluation, adoption placement, training in child care and homemaking, public assistance, day care of infants, psychotherapy, financial assistance, and cultural activities. However, most programs concentrate on three types of services: continuing education, personal counseling, and prenatal care.

Education. Almost all programs provide the girls with opportunities to continue their regular junior and senior high school courses. Sometimes the basic classroom instruction is supplemented by individual remedial help. At least one additional course is generally inserted into the curriculum: one providing education in family living, sex education, and detailed information about nutrition, physiology, childbirth, and child care.

In nearly all the programs the instruction is provided in facilities not regularly used by other students. For example, in Chicago the facility used for this purpose is a church building; in Los Angeles classroom space is provided in mobile classrooms located next to several health centers; a Cleveland program uses store front space; in the Bedford-Stuyvesant area of Brooklyn, N.Y., two adjoining brownstone houses have been renovated for this purpose; in Baltimore the program has been provided with a public school building all its own. The pro-

gram in Atlanta is an exception in that the girls continue to attend school in their regular classrooms, receiving other services at the end of the day.

Most program administrators say they do not believe that the presence of a pregnant girl in a regular school classroom will "contaminate" the other students, but they recognize the influence of this widespread belief on the school administrators who decide where the instruction is to be given. Other reasons they give for the establishment of special classrooms are the reluctance of some girls to attend their regular schools while pregnant and the special needs of pregnant girls for the kind of individual attention and instruction that can be provided only in a special class. In Washington, D.C., where special classes for pregnant girls are provided, at least 80 percent of the girls who participated in the program between 1963 and 1966 maintained or improved their school grades during their pregnancy.[2]

Some program administrators, however, would like to see the girls remain in their own schools because they believe that removing a pregnant girl from a familiar atmosphere is an unnecessary disruption at a time when she must cope with a great many other changes. They maintain that there is no evidence that pregnant girls in a regular class adversely influence the behavior of other students. A point made at the Yale workshop was that the girls have a basic right to education and that if they choose to remain in school that option should be available to them. It was also suggested that separate education programs to serve all pregnant girls would be too costly for most communities.

Health services. How and where the health services should be provided in such programs is a subject of some difference of opinion, reflected in practice. A few programs, such as the one in Syracuse, N.Y., provide the medical and nursing staff to give prenatal care to the girls in the same building in which they receive continued schooling; others, such as the one in New Haven, have arranged for the girls to receive prenatal care at a specially designated clinic. Most other programs, however, while requiring the girls to receive regular prenatal care, begun as early as possible, allow them free choice of where to get it, that is, whether from a public health clinic, a hospital clinic, or a private physician. Sometimes, such a program has arranged for a specific prenatal clinic to accept girls who wish to attend. These girls go to the clinic in groups at times when the normal clinic waiting time can be cut down for them. Arrangements for delivery are generally made by the provider of prenatal care.

Marion Howard, workshop coordinator for the Yale University Department of Epidemiology and Public Health, ran the recent workshop on the sexually involved teenager referred to in her article and is now planning a series of regional conferences on the same subject. Before joining the Yale staff in March 1967, Miss Howard conducted an evaluative study of the program for school-age pregnant girls carried out at the Webster School in Washington, D.C.

Seeing that girls receive early prenatal care is sometimes a problem. Schoolgirls who become pregnant tend to conceal their condition as long as possible because they do not want to be dropped from school. To encourage girls to identify themselves early enough to receive good prenatal care, some programs let it be known that they will admit only girls who apply in the early months of pregnancy.

Whether or not a program for teenage pregnant girls should provide birth control information or services is a subject of controversy, especially if the program is under school auspices. Discussion at the Yale workshop seemed to indicate that the chief obstacles to providing such a service lie in legal, social, and psychological issues rather than in any medical contraindication. Nevertheless, a number of the workshop participants expressed the opinion that programs for teenage pregnant girls must find intelligent and sensitive ways to offer birth control information and service if they are to tackle the problem of repeated births out of wedlock and to strive toward the long-range goal of helping the girls to achieve a satisfactory life for themselves and their babies. The suggestion was also made that if a birth control service is to be effective, the programs would have to provide the girls with supportive and followup counseling regarding its use. However, most programs provide little health followup of any kind beyond the post-partum period.

Counseling service. Most programs provide either group or individual counseling on immediate and future problems and some provide both. Who does the counseling varies with the programs. In many programs, the counselor is a social worker, in others, a psychologist, in some, a nurse. Almost all programs refer girls on a basis of individual need to other

social agencies in the community for specialized services, such as intensive social casework treatment.

The major emphasis in counseling is often on helping the girl improve her relationships with her own parents. This is difficult, however, when the parents themselves do not become involved in the program. Participants at the Yale workshop stressed the necessity of finding new methods of involving parents, particularly the girls' mothers, who often become the babies' caretakers. Helping the girl to plan for care of the baby necessarily occupies much of the counseling time because of the emphasis on getting the girls to return to school. One obstacle is the scarcity of community arrangements for the day care of infants.

Helping the girl improve her self-image is another frequent emphasis, and in some programs the responsibility for doing this is assumed not only by the counselor but also by the entire staff. The major methods are: giving the girls as much individual attention as possible by providing them with opportunities to talk over their problems with a sympathetic adult and to establish a meaningful relationship with one person; making it possible for the girls to identify with professional persons of their own race; giving the girls an opportunity to know, to support, and to receive support from other girls in the same situation as themselves; and helping the girls to have some experiences of success, for example, by making clothes for themselves and their babies.

One gap in most programs, mentioned at the Yale workshop, is the failure to provide counseling to the unmarried father. The Webster School study showed that the father of a baby born to a girl in the program usually was close to the girl's age and in many instances continued to have a meaningful relationship with her. In a number of instances, the unmarried couple produced another child out of wedlock.[2] At the Yale workshop, it was suggested that young unmarried fathers as well as young unmarried mothers need help in understanding their responsibilities as parents, and that ways must be found for them to establish family life together if they wish to do so, or, if they do not, to achieve some other form of stable family life, with their own parents, other relatives, or living independently.

Followup. Experience has shown that when a program loses contact with the girls after their babies are born some of its gains are canceled.[2] Knowing this, the participants at the Yale workshop especially stressed the importance of finding ways of providing followup services—the now missing element in most of the programs.

The mechanism most frequently suggested at the Yale workshop for this followup was the preparation of an "advocate"—a person who would keep in touch with the girl for about 2 years following the birth of her infant and act on her behalf at any time problems arise. Ideally, the advocate would be her mother or another member of the girl's own family. In some instances, the program might, through counseling, help a mother to become an "advocate" for her daughter even though she had not previously taken on this natural mother role. In many instances, however, the mother-daughter relationship is too damaged to make this possible. The person designated as the advocate then might be a member of the program staff who has established a meaningful relationship with the girl, the counselor at the school to which the girl is returning, or a public health nurse—in short, a responsible person in a position to keep in touch with the girl and be available to her in time of crisis.

Organizational aspects

The programs now in existence had their beginnings in many ways. Some originated in study committees set up by community councils or other organizations to gather information on the needs of pregnant school-age girls and to make recommendations for meeting them. Others grew out of small meetings in which representatives of health, education, and welfare agencies came together to discuss the problems of teenage pregnancy and to propose solutions. Still others began when one agency, alone or with another, planned a program providing basic services and then gradually drew in agencies that could provide additional services.

No matter how the programs started or what their organizational structure, their administrators have had to rely on the cooperation of several agencies, because of the variety of needs presented by pregnant girls. The 1967 survey showed that the median number of agencies involved in the 35 programs reported was three, not counting agencies accepting girls referred for services. The importance of interagency cooperation was stressed at the Yale workshop. One way to assure this, suggested an administrator, would be to "start in the mayor's office."

Another way of promoting interagency cooperation, reported at the workshop, was the designation of an "anchor agency" responsible for surveying

needs and drawing other agencies into an organized, coordinated plan. The anchor agency is also responsible for continuous evaluation of the cooperative effort and for making shifts in the organization plan when indicated.

Sometimes the source of available financial support influences the type of agency designated as anchor agency as well as the major emphasis of the program. However, more than half the 35 programs in the 1967 survey were receiving funds from more than one source. The most common sources were city and county education departments. Other local sources of funds were health and welfare departments, YWCA's, maternity homes, universities, and foundations. Several programs were receiving Federal funds, through the Office of Education, the Children's Bureau, or the Office of Economic Opportunity.

In some communities, it has been possible to get programs under way without outside funds because of a high degree of interagency cooperation. One point stressed at the Yale workshop was that real interagency coordination offers the greatest likelihood for community support for the program after outside demonstration funds are withdrawn.

The selection of staff is another important aspect of organization. Because subjects such as unmarried parenthood and sexual relations among teenagers bring out strong difference of opinions and feelings even among professional workers, participants at the Yale workshop stressed the importance of continuous inservice orientation of staff members to avert from the girls any hostility that might exist.

The two most desirable characteristics for staff members were identified as warmth and flexibility. Some administrators reported that the nurse and home economics teacher seemed to be particularly meaningful persons for the girls and suggested that this may be because the routine responsibilities of these staff members—such as providing health supervision and giving instruction in how to make baby clothes—show their interest in each girl's pregnancy and coming baby. Flexibility was stressed as an important characteristic in staff members because assigned responsibilities often cross disciplinary lines.

In conclusion

In 1966, over 72,000 girls under the age of 18 gave birth out of wedlock in the United States.[4] The number who do so has been increasing for the past 5 years by an average of 4,000 a year.[5] Comprehensive service programs provide a new approach to this problem, although at present these programs reach only about 8,000 girls a year.

If the problem of teenage pregnancy is to be effectively dealt with, such services must be made available to all who need them. Stable family life will have to be emphasized along with better sex education and birth control services, to forestall repeated births out of wedlock. However, for girls whose lives have been disrupted by pregnancy even special service programs are a poor substitute for normal adolescent growth and development. Therefore communities must strive to provide the kind of community environment and broad network of services that will be effective in helping to prevent young unmarried girls from becoming pregnant in the first place.

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[1] Howard, Marion: Multiservice programs for pregnant school girls. U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. Washington, D.C. 1968.

[2] ———: The Webster School: A District of Columbia program for pregnant girls. U.S. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. Research Report No. 2. Washington, D.C. 1968.

[3] Center for Continuing Education, University of Chicago: Proceedings of workshop on "Program planning for youth at high risk: the sexually-involved adolescent, the pregnant school-age girl, the teenage mother and father." Chicago, Ill., May 20–21, 1968. (To be published.)

[4] U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics: Vital statistics of the United States, volume I, natality, table 1–27. Washington, D.C. 1968.

[5] ———: Trends in illegitimacy: United States, 1940–65. Washington, D.C. February 1968.

a report from abroad . . .

SERVICES FOR MENTALLY RETARDED CHILDREN IN DENMARK

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In Denmark for the past 35 years, the National Government has been developing a comprehensive service for mentally retarded children and adults, administered by the Danish National Service for the Mentally Retarded. Over the years the program's direction has changed from segregation of the mentally retarded person to "normalization." Its present aim is to give the mentally retarded person an opportunity for as normal a life as possible and equality under the law with other Danes.

The goal of normalization is in sharp contrast to the previous tendency of both the Government and the public to isolate and segregate mentally retarded persons. For, though government programs for the mentally retarded go back as far as 1855, normalization became a goal only after World War II, prompted by the demands of organizations of parents and relatives of mentally retarded children. The goal has been reinforced by a law passed in 1959 binding the Government to establish the institutions and other needed services.

In planning programs, the National Service for the Mentally Retarded takes two facts into consideration. One is that mentally retarded persons, although they represent the largest group of handicapped people, are a minority and are politically weak. The second is that the services to which mentally retarded persons have a right (such as education, training, hospital care, and special provisions) are costly. However, since 1933,when the Government of Denmark took over responsibility for all services for mentally retarded persons "from the cradle to the grave," our Parliament's attitude has been that the Government is responsible no matter how costly the services may be.

Denmark, with a population of 4.8 million people and an area of about 16,576 square miles, is densely populated. A "welfare state," it has a high standard of living and has long-supported education, social welfare, and hospital services for all citizens. All services for the mentally retarded described in this article are free to the patient and his family, and are financed by the National Government.

In fiscal year 1966, the Service's expenses were about $50 million (about $10.40 per citizen). In addition, the Government spent about $7 million for facilities. Undoubtedly, annual expenditures will double in the years ahead before the goal is reached. (While the official rate of exchange provides 7.50 Danish kroner for $1, it takes only 3 kroner to purchase in Denmark what a dollar will buy in the United States.)

Under the 1959 law, public officials, physicians, teachers, and other employees who through their working activities are in touch with the mentally retarded are obligated to report their condition to the Service through regional centers, and the material is collected in a central register.

About 22,000 mentally retarded persons (or about 0.5 percent of the population) are registered with the Danish National Service. In the United States, where there is no registry, the ratio is 3 percent by statistical estimate.[1] What accounts for the difference between the two countries? One reason may be that the figure of 0.5 percent represents only persons permanently registered with the Service and does not necessarily include all mentally retarded persons in Denmark. The figure for the United States is only an estimate.

Then, too, the definitions of the term "mentally retarded" are not the same in the two countries. In Denmark we consider as mentally retarded only those persons who are so poorly developed they need special services not available through ordinary community services. The definition in the United States is much broader and generally less definite and may differ from State to State. Also, Denmark, unlike the United States, has practically no prob-

lems stemming from socioeconomic or cultural deprivation, conditions that apparently tend to increase the incidence of mental retardation.

Through 12 regional centers the Danish Service operates 74 special schools for mentally retarded children, accommodating about 4,900 children. It also operates nearly 235 institutions of different kinds including residential institutions and day facilities for mentally retarded persons of all ages.

Only about 9,000 mentally retarded persons are living in residential institutions, in line with the policy that only children who cannot live in their homes or adults who cannot live in the community are admitted to residential institutions. The other 17,000 mentally retarded children and adults live in the community and have other kinds of services available to them through the Service.

For example, the regional centers provide diagnostic and evaluation services, preventive services, job placement services (in cooperation with the national employment service), social and recreational services, and special day schools for the retarded. Testing for inborn errors of metabolism such as phenylketonuria is a part of the public health system, but the central registration of children with this or other inborn errors of metabolism is made in the recently erected John F. Kennedy Institute, a part of the National Service, which also provides treatment.

Board and staff

The Service is under the jurisdiction of the Minister of Social Affairs, and is administered by a nine-member board of directors, three of whom are social, medical, and educational experts. Another member represents a nationwide association of parents and relatives of retarded children. Five others, selected for their insight into and interest in retardation, represent every section of the country. All members are appointed for 4 years.

The Service has a staff of 8,500 persons including experts of many kinds. They work through the regional centers, each of which is under the management of a multiprofessional team—an administrator, a chief physician, and a director of education—responsible for activities in its area.

We regard the use of a multiprofessional team as of inestimable importance in assuring comprehensive treatment for persons with multiple handicaps. The cooperation achieved between persons of different professions has been beyond the Service's expectations in both residential institutions and day institutions. Even though the purpose of day institutions seems to be only sociopedagogical (educational with the view of social development), the medical care, including psychiatric treatment, plays a decisive part in helping the patient. The Service's schools, for example, provide medical treatment and social guidance to an extent unknown in regular schools.

The Service employs 80 full-time psychiatrists, child psychiatrists, and pediatricians and other physicians and uses the services of many other medical specialists part time. It also employs 100 full-time social workers, about 800 trained teachers, 100 registered nurses, and about 2,800 "care assistants" whom we also call nurses.

The nursing section includes some 1,100 students in training at the Personnel High School in Copenhagen; at any one time about 300 of these are attending classes and 700 are working at the institution. Training at the school lasts 3 years: 1 year of theory and 2 years of work as a trainee. It prepares young persons for employment with the National Service for the Mentally Retarded. It combines the training of a registered nurse, occupational therapist, and kindergarten teacher to prepare the student to meet the daily needs of a retarded child for whom expert treatment is not needed.

Infirmaries and wards for physically handicapped retarded children employ registered nurses and trained kindergarten teachers. Sheltered workshops are manned, for the most part, by skilled workers.

The Danish Service aims at keeping retarded children in their homes if possible. It therefore provides such children and their parents with home guidance by specialists such as social workers, physicians, and nurses. It also provides economic aid to families when caring for a mentally retarded child involves costs and burdens beyond the family's capacity. The Service also tries to provide individualized treatment to children who have been temporarily or permanently institutionalized.

To relieve parents with mentally retarded children at home, the Service provides day care facilities such as kindergartens and also short-stay institutions for weekends or holidays. Children who cannot stay at home because of the seriousness of their condition or because of family problems are admitted to residential institutions. However, as in the United States, institutions have long waiting lists.

The most promising feature of the care of mentally retarded children in Denmark seems to be that parents have abandoned the attitude that they must send a mentally retarded child to an institution immediately after birth or as soon as his condition is apparent.

Denmark's well-developed mothers' aid system provides an excellent means of prevention and casefinding. The system offers services to all pregnant women, both married and unmarried, including 10 medical examinations by a doctor or a midwife. In addition, visiting public health nurses provide health supervision to infants during their first year of life, and advise their mothers on feeding and child care. All children are also entitled to nine free medical examinations in the period from birth to school age.

Although the mothers' aid system is well developed, it is far from perfect as a means of locating all mentally retarded children, for some parents with handicapped children fail to seek its help.

Education and training

The Service locates the majority of mentally retarded children in its register at about the time they reach school age and during their first years in school. All mentally retarded children are subject to compulsory education and training from age 7 to 21 (for normal children school attendance is compulsory from age 7 to 14).

The obligation to educate and train all mentally retarded children, not just those called "educable," is regarded as a responsibility of the Government. The legislation charges the Service to provide for education and training of even profoundly retarded children. However, the content of the training depends on the intellectual ability of the individual child.

It has been difficult for the Service to live up to the obligation of the 1959 law, and we are far from the goal of

educating all mentally retarded children. However, today Denmark has many day schools for mildly and moderately retarded children, and because the country is small, most such children can live at home while attending them. Each of the Service's 12 regional centers operates between five and 10 such schools, depending on the size of the region.

To meet the increasing demands for schools for mentally retarded children, the Service is executing plans for standard schools made of prefabricated materials. These schools are of different sizes, have from four to 16 classes each, and are equipped for the special education of retarded children, including children with multiple handicaps. Twenty schools of this kind have been built in the last 3 years and 10 others are under construction. These schools are called "green schools" because they are located in green areas. Each room has about 64 square feet of space for about 10 pupils, and can be divided into a classroom and a room for other group activities. Each school also has special rooms for gymnastics, rhythmic activities, speech training, and so on.

As yet, the special school program has not reached its goal of making schooling available to every retarded child regardless of ability. This failure may be due to the fact that Denmark, like many other countries, has concentrated on educating children with the greatest intellectual ability. We have succeeded in preparing instructional material for the education of mildly and moderately retarded children, but we are only beginning to find a suitable method to use for training the severely or profoundly retarded.

During the past 7 years, the Service has established about 40 sheltered workshops with modern equipment for industrial production that employ nearly 1,800 workers. Certainly, the need for sheltered workshops is twice the number now in existence, and we hope to meet this need in the course of 5 or 6 years.

Among the Service's residential institutions, some are too large. Those built before World War II have from 600 to 1,300 beds; newer institutions have from 250 to 300 beds. Plans are now underway to modernize the larger institutions by breaking them up into smaller units. The modern institutions provide nearly all kinds of medical, educational, and social treatment. In them, children live in units in a homelike atmosphere. To create a rhythm corresponding to that in a private home, the children are sent out of the wards to kindergartens or schools located within the institutions, in the same way other children leave home for school.

By and large, the public has favored the activities of the Danish National Service for the Mentally Retarded and has accepted the fact that the mentally retarded child has the same need for consideration as other children. This attitude has been a great help to the Service. It has been encouraged by a public education program conducted through the press, radio, and television, through which the Service has tried hard to give the public an understanding of mental retardation and of the possibilities of helping mentally retarded children that have been opened up by new knowledge of the subject.

As a result of better public understanding, the Parliament has increased the Government's investment in the program year by year. Further increases in the future, we hope, will enable the Service to improve and expand its services for the mentally retarded.

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[1] The President's Panel on Mental Retardation: A proposed program for national action to combat mental retardation: report to the President. October 1962.

British publications

RESIDENTIAL CHILD CARE: FACTS AND FALLACIES.
FOSTER HOME CARE: FACTS AND FALLACIES.
Reviews of research in the United States, Western Europe, Israel, and Great Britain between 1948 and 1966. Rosemary Dinnage and M. L. Kellmer Pringle. Humanities Press, 303 Park Avenue South, New York, N. Y. 10010, in association with the National Bureau for Co-operation in Child Care, London, England. 1967. 344 pp.; 1968. 268 pp. $5.50 each (paperback).

These companion volumes in the series, "Studies in Child Development," present interpretations of research findings on the nature and consequence of institutional and foster family care, abstracts of completed research, annotated bibliographies, and annotated listings of current research projects.

PAPERS ON RESIDENTIAL WORK: CHILDREN IN CARE, VOLUME 1; DISTURBED CHILDREN, VOLUME 2. Edited by Robert J. N. Tod. Longmans, Green & Co., Ltd., 48 Grosvenor Street, London, W1, England. 1968. 155 pp. and 132 pp., respectively. 12½ shillings.

These two volumes contain papers on residential child care published in British and American journals during the past 10 years. The papers in the first volume discuss the meanings to children and to child-care workers of care away from home, the effects of parent-child separation, work with adolescents, staff relationships, and daily activities in residential settings. The papers in the second volume discuss problems of disturbed children in group living, work with individual children, parents' visits, group therapy, and consultation.

THE WORK OF THE PROBATION AND AFTERCARE OFFICER. Phyllida Parsloe. Routledge and Kegan Paul Ltd., Broadway House, 68–74 Carter Lane, London, E.C. 4, England. (U.S. Publisher: Humanities Press, 303 Park Avenue South, New York, N.Y. 10010.) 1967. 104 pp. $1.50 paperback; $3 clothbound.

Describes briefly the development of probation services in England and discusses the role of the probation officer.

an essay review . . .

MYTH AND MANNER IN TREATING THE DISORGANIZED FAMILY

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Thirty years ago a group of young idealists who came together to discuss the means of saving their fellow Jews from the Nazis were addressed by Professor Hans Kohn, himself a recent escapee from Hitler. His first words were a verbal shock treatment: "Unless you will grant as a conceivable conclusion that there may be nothing to be done, it is not possible to conduct a reasonable appraisal of the situation."

Kohn's statement came back to me on reading the fine book by Minuchin and others, "Families of the Slums." * Consisting largely of case descriptions of attempts by a team of therapists to treat disorganized families as family units, this work brings one face to face with the difficulty of effecting substantial change in seriously damaged youngsters and their families.

The title, "Families of the Slums," is somewhat misleading. Its subject is not all families living in slums, but a selected group of Negro and Puerto Rican families who have already produced at least two acting-out delinquent children each. The aim of the work described was to learn about the structure and dynamics of such disorganized families and to develop suitable new treatment approaches.

Not all slum families produce delinquents; nor do all disorganized families live in urban slums, and the authors duly recognize this. They are, however, concerned with the disheveled, chaotic, nonverbal family caught up in the cycle of poverty and apparently out of reach of most of the standard treatment approaches of social agencies. Hence, their work is continuous with that of Redl and Wineman,[1] Reiner and Kaufman,[2] Pavenstedt,[3] and others. They describe a form of family therapy with new strategies and formulations that appears plausible and exciting. Yet, overall, the news they bring about their treatment attempts could be derived from Polansky's axiom: Research costs more, takes longer, and finds out less than you had hoped. Their careful work, however, contrasts with a number of myths currently in vogue about what can be done about such families. For example:

1. ***Nothing can be done.*** The first myth is most popular among the more smug segments of our society. It is that disorganized, problem-ridden families are "just hopeless." Such a point of view is extremely inexpensive over the short haul (though expensive in the long run) and therefore comforting to those who never meant to try to do anything anyhow. The truth seems to be that with good will and considerable resources such families *are* extremely hard to help out of their problem-producing cycle, but that a fair number can be helped with acumen and patience.

2. ***The fault lies in the system.*** To many persons who have spent their lives interpreting the needs of the poor to the establishment, it comes as a shock to be regarded as traitors by a newer establishment of colleagues. We are told that practically all that is wrong with disorganized, poverty-stricken families is that they have had no chance in the present culture: they have no money. Therefore, they say or imply, delinquency is reasonable behavior in the face of a blocked path up the opportunity structure. No theories are offered about what is reasonable behavior for the delinquent's victims.

If one examines the lethargy, the impulsivity, the vagueness in thought and infirmity of purpose among the families described in this book, it is difficult to imagine a social order in which they would not be relegated to a parasitical existence. As the authors rightly note, such families are extremely unlikely to take advantage of opportunities offered in mass programs. They seldom stay with any activity long enough to develop a high degree of skill at it.

Analyses in some of the sociological literature of why such families "feel as they feel" are replete with examples of purely conscious ideas held to evade personal responsibility. When people thus evade, they simultaneously destroy their own identity. Nevertheless, the research investigator often swings completely to the side of the defensive maneuvers, ignoring the rather severe personality handicaps under which the members of such families operate.

A related myth is that a well-meant action will have a direct, predictable result. For example, if a man is anxious, offer him protection. Yet, most analytically oriented caseworkers are well aware that anxiety often stems from fear of loss of control over one's own impulses, and that therefore the only security may come from a person who is firm or may even threaten punishment.

3. ***You social workers hold middle-class values.*** Social workers are fre-

*Minuchin, Salvador; Montalvo, Braulio; Guerney, Bernard G., Jr.; Rosman, Bernice L.; Schumer, Florence: Families of the Slums: An Exploration of Their Structure and Treatment. Basic Books, 404 Park Avenue South, New York, N.Y. 10016. 1967. 460 pp. $10.

quently told that they do not know how to talk with persons from the low socioeconomic strata. The implication is that what we really need to do is to hire people from the same neighborhoods as our clients to undertake their treatment.

Actually, this myth about the social worker's incapacity to communicate with the "multiproblem family" hides from the accuser an even more uncomfortable problem. Many of the persons with whom we have trouble communicating are equally un-understandable to their own children. As Minuchin and his coworkers have so dramatically illustrated, the whole family may fail to use verbal symbols of much range or distinctiveness. This is not just a problem of "cultural deprivation," or social class. It involves the general level of maturity and organization not only of speech, but of thinking, a problem which has been explored by Deutsch[4] and Bruner[5] in this country, by Bernstein[6] in England, and by Vygotsky[7] in Russia. I do not regard it as complimentary to one's client to assume that he will have to be treated at a preverbal level. Moreover, some whole subcultures may *prefer* to retain nondifferentiated speech modes as part of a general renunciation of individuality.[8]

As for the use of persons indigenous to the slums to serve their neighbors, experiences thus far present a very mixed picture of their usefulness. Not a few of the persons who undertake this work are more psychologically divorced from the recipients of their efforts than are the social workers who hire them. The social workers at least have the armamentarium of theory and tradition to serve as a buffer against frustration.

4. ***Just send money.*** It is unarguable that too little has been invested for maintenance in some dilapidated families, and even less for rehabilitation. Consequently, and especially in periods of great national unrest, one solution seems obvious to many laymen and social workers alike: more money. Again, we have a necessary but not sufficient condition for alleviating problems.

An important message from "Families of the Slums" is that we really do not know how to treat many disorganized families with precision or any great promise of success. For the foreseeable future, their treatment is going to have to be disproportionately expensive to get results. In the work of Minuchin and associates, the emphasis has been on the development of a style of family therapy that goes beyond much of the theory and practice thus far enunciated. Yet, how many persons are there who can, or could, do the type of treatment they describe?

An immediate answer to this question will be that we must set up programs to "train personnel." To do what? To whom? How? Certainly we now have a body of theory about "family therapy," but to a person responsible, say, for revising the curriculum at a school of social work, the question remains: "Is it knowledge?" A recent review by Mishler and Waxler of the literature on family therapy[9] and my own experience in such work indicate that persons already skilled in social casework may be usefully exposed to current principles and practices for working with families in groups. But the principles and practices are by no means sufficiently clear or tested to be incorporated in training programs for beginners.

Antidote to myths

"Families of the Slums" provides an antidote to the foregoing myths. Moreover, it has a number of additional attributes that will make it desirable reading for persons who work in family agencies, psychiatric settings, and some public welfare programs. It presents, for once, a theory of family therapy that goes beyond the notion that people really *do* take roles—many of the families described are too fluid even for this—or that the parts of a *Gestalt* are indeed interdependent. It puts an engaging emphasis on the importance of the sibling system in the family's dynamics and offers a number of other useful ways of looking at family functioning.

The authors evidently were bound by a granting body to set up some sort of a control group, but they treat it as meaningless—as control groups *are* in such exploratory stages of work—and they do not hesitate to use in their treatment learning they gained after the study being reported was completed. To an investigator-clinician, research does not stop with the completion of a study. He believes his own conclusions only if they seem to apply to the cases he is presently treating. The best avenue for learning about people, Minuchin and associates apparently believe, is to continue to try to change them.

The book could be shorter and more readable, and the case illustrations more succinct. The informed reader can get the most significant points by reading two long chapters only—one on the structure of the disadvantaged family, the other on its therapy.

From the standpoint of scholarship, the authors have neglected to make sufficient acknowledgement of the work of others, notably Ackerman, Bowen, and other pioneers in family therapy, although they incorporate their ideas and some of their interventive methods.

While the authors have not been able to report glamorous success, they have demonstrated that the situation with respect to treatment of disorganized families is not nearly so bad, nor so sanguine, as many fantasies about it. Meanwhile, they have produced an intriguing book, a sound book, and one that leaves this reader looking forward to more of their work.

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[1] Redl, Fritz; Wineman, David: Children who hate. The Free Press, Glencoe, Ill. 1951.

[2] Reiner, Beatrice S.; Kaufman, Irving: Character disorders in parents of delinquents. Family Service Association of America, New York. 1959.

[3] Pavenstedt, Eleanor: A comparison of the child-rearing environment of upper-lower and very low-lower class families. *American Journal of Orthopsychiatry*, January 1965.

[4] Deutsch, Martin: The role of social class in language development and cognition. *American Journal of Orthopsychiatry*, January 1965.

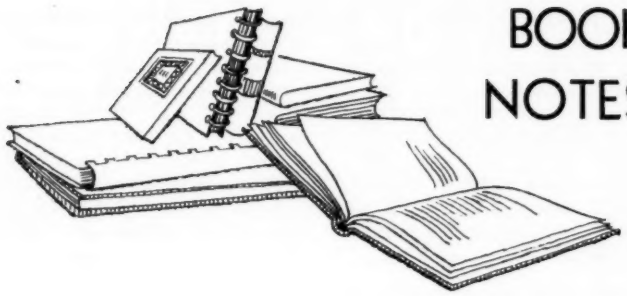
[5] Bruner, Jerome S.: The course of cognitive growth. *American Psychologist*, January 1964.

[6] Bernstein, Basil: Social class, linguistic codes and grammatical elements. *Language and Speech*, vol. 5, 1962.

[7] Vygotsky, Lev S.: Thought and language. The Massachusetts Institute of Technology Press, Cambridge, Mass. 1962.

[8] Polansky, Norman A.; Brown, Sara Q.: Verbal accessibility and fusion-fantasy in a mountain county. *American Journal of Orthopsychiatry*, July 1967.

[9] Mishler, Elliot G.; Waxler, Nancy E.: Family interaction processes and schizophrenia: a review of current theories. *Merrill-Palmer Quarterly*, October 1965.



BOOK NOTES

SELECTED PROBLEMS OF ADOLESCENCE: with special emphasis on group formation. The Monograph Series of the Psychoanalytic Study of the Child, Monograph No. 3. Helene Deutsch. International Universities Press, New York. 1968. 134 pp. $4.

Today, "youth problems" as well as personal problems beset the adolescent, according to the author of this report concerning clinical observations focused on how to "develop psychoanalytic insight into the origin, nature, and goals of the group formation." Few adolescents find a cause to which to give allegiance and many are alienated from their parents because of the devaluation of parental images, particularly the paternal image, she maintains.

Adolescent boys are striving to become one with other adolescents, not to express individuality, the author concludes. Their protest takes the form of "being different" from the "older generation."

Infantilism is largely responsible for the actions of girls who give birth out of wedlock, the author maintains. "The lack of ego organization in these girls deprives them of an important element of self-regulatory control of the basis for sexual inhibition," she points out.

TECHNIQUES OF FAMILY THERAPY. Jay Haley and Lynn Hoffman. Basic Books, New York. 1968. 480 pp. $12.50.

What a therapist does during family therapy is told here through the authors' conversations with seven therapists about their work with five families (three therapists worked with one family as a team). Four of the five families had disturbed teenage children; in the other, the mother was ostensively the patient.

The authors' interviews with the therapists were interspersed with playbacks of tape recordings of the therapists' interviews with the families. At points of interest to the authors, they questioned the therapists about the procedures used in the family interviews. Both the material from the tape recordings and the therapists' comments make up the substance of the book. Together they describe various technical procedures used by family therapists and the reasons for their use.

THE DRIFTERS: children of disorganized lower-class families. Edited by Eleanor Pavenstedt, M.D. Little, Brown & Co., Boston, Mass. 1967. 345 pp. $10.50.

The six authors of this book—two psychiatrists, a research psychologist, an educator, a sociologist, and a social worker—were all staff members of the North Point Demonstration Project in Boston, Mass., the purposes, procedures, and effects of which they discuss here. Conducted through a child-guidance clinic by the Boston University School of Medicine with a grant from the National Institute of Mental Health, the project was designed to break the cycle of disorganization, deprivation, and alienation in which families living in a depressed area of Boston had been caught for generations. It focused major attention on 21 preschool children of 13 selected "hard core" families, providing them with a nursery school experience aimed at total personality development, but it also provided social casework services to the members of their families.

The project staff found that the children, all of whom were under 6 at the time of admission to the nursery school, were already so damaged that corrective rather than preventive measures had to be applied. They had failed to assimulate and identify and were characterized by "drifting." They were unhappy, frightened, defeated, confused; their language was poor, their ability to relate to others, weak. The preschool program tried to integrate the cognitive, social, and emotional aspects of development. The children improved, the staff found, but they were easily thrown back to earlier behavior by unusual circumstances.

The editor points out in conclusion that all staff members agreed that intervention must come very early and must include adequate economic aid as well as help with emotional problems.

In addition to Dr. Pavenstedt, the authors include Charles A. Malone, Ilse Mattick, Louise S. Bandler, Maurice R. Stein, and Norbet L. Mintz.

HOW CHILDREN LEARN. John Holt. Pitman Publishing Corp., New York. 1967. 189 pp. $4.95.

Children do their best learning before they go to school, the author contends in this book describing children "using their minds well." He believes this is so because children have a "style of learning" that they use well and naturally "until we train them out of it" and schools make them give it up.

The author describes rather than explains what he considers effective ways of learning through examples of children he had observed. He concludes: "What we need to do, and all we need to do, is bring as much of the world as we can into . . . the classroom; give children as much help and guidance as they need and ask for; listen . . . when they feel like talking; and then get out of the way. We can trust them to do the rest."

TO CHANGE A CHILD: a report on the Institute for Developmental Studies. Fred Powledge. Quadrangle Books, Chicago, Ill. 1968. 110 pp. $5.50, clothbound; $2.25, paperback.

Doubts that gains made by disadvantaged children in preschool programs can be retained are challenged in this report on the program of early childhood education being conducted in

four areas of Harlem by the Institute for Developmental Studies of New York University.

In the belief that lack of continuity may account for much of a child's failure in school after attending a preschool class, the Institute tries to provide continuity, the author reports. He describes the Institute's program, which begins with a prekindergarten class and continues through the third grade, as designed to give the 500 children enrolled at any one time the advantages enjoyed by children from middle class neighborhoods. The staff members particularly try to build up each child's sense of self-worth and to give him an opportunity to acquire cognitive skill and improve linguistic and perceptive ability, he reports.

Although the children in the Institute's program have scored higher at the first-, second-, and third-grade levels on tests of reading and verbal ability than control children from regular and Headstart preschool programs, the Institute makes no claim to a "magical formula," the author says. But he points out that the Institute does claim that it is building up practical methods of helping urban disadvantaged children.

INFLUENCES ON PARENT BEHAVIOR. Lois Meek Stolz. Stanford University Press, Stanford, Calif. 1967. 355 pp. $8.95.

This book reports on a comprehensive study made at Stanford University of the values, beliefs, and other influences that guide 39 couples in rearing their children. The study is based on individual, in-depth interviews with 78 parents who varied widely in age, length of marriage, background, education, socioeconomic status, religion, number of children, and occupation. Six interviewers on the staff of Stanford University discussed with each parent his goals and aspirations for his children, the behavior he seeks to inculcate in them, and the parental roles he sees.

Education, emotional security, and control were mentioned most often as the parents' goals for their children. Specifically, the parents wanted their children to be obedient, to behave courteously, to be independent, to feel close to the family group, and to be religious.

The author found some significant differences between the attitudes, goals, and child-rearing practices of fathers and mothers. Fathers tended to emphasize the importance of knowledge and responsibility; they seemed conscious of the goals they had set for their children and were often motivated by beliefs. Many of the mothers said they want their children to get along well with others. In contrast to the majority of fathers, many mothers were easily influenced by changes from their normal environment and by mass media, books, friends and relatives, doctors, ministers, and teachers.

guides and reports

BIRTH DEFECTS: selected reading list. Supplement to "Birth Defects—Social and Emotional Problems." The National Foundation—March of Dimes, 800 Second Avenue, New York, N.Y. 10017. January 1968. 22 pp. Copies available from the Foundation.

Abstracts 75 books, articles, pamphlets, and other kinds of publications concerning physical and mental handicaps in children.

CHILDHOOD ACCIDENTAL INJURY SYMPOSIUM PROCEEDINGS: held at the University of Virginia, Charlottesville, Va., April 21–22, 1966. Department of Pediatrics, School of Medicine, University of Virginia, Charlottesville, Va. 22901. 1967. 195 pp. Limited number of copies available from the School.

Contains 24 scientific papers on the epidemiology, treatment, and control of accidental injuries among children. Includes a bibliography on childhood accidental injury and its prevention.

CHILD PROTECTIVE SERVICES—1967. Children's Division, The American Humane Association, P.O. Box 1266, Denver, Colo. 80201. 1967. 328 pp. $3.

Analyzes data from a survey of protective services for neglected, abused, and exploited children in the 50 States, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands.

INNOVATION AND IMAGINATION FOR YOUTH: report of seminar IV—Metropolitan Critical Areas Project. Division of Research and Experimental Projects, Camp Fire Girls, Inc., 65 Worth Street, New York, N.Y. 10013. June 1967. 99 pp. $1.75.

Contains the proceedings of the fourth seminar of a series on an experimental program to provide girls in low-income areas with social opportunities.

MENTAL RETARDATION: a programmed manual for volunteer workers. Alden S. Gilmore and Thomas A. Rich. Charles C Thomas, 301–327 East Lawrence Avenue, Springfield, Ill. 62703. 1967. 138 pp. $5.95.

Contains programmed instructional material to help volunteers, students, and others preparing to work with mentally retarded persons develop favorable attitudes.

A CONFERENCE ON HEARING AID EVALUATION PROCEDURES. American Speech and Hearing Association, 9030 Old Georgetown Road, Washington, D.C. 20014. ASHA Report No. 2. September 1967. 71 pp. $3.

Summarizes the discussions and recommendations of a conference concerning methods used by audiologists in evaluating electroacoustic aids for persons with hearing impairments and the identification of aspects needing further research.

HERE and THERE

Juvenile delinquency

On July 31, the President signed the Juvenile Delinquency Prevention and Control Act of 1968, which provides for Federal grants and technical assistance to help States and communities strengthen their systems of juvenile justice, provide diagnostic treatment and preventive and rehabilitative services in relation to delinquency, and train people for work in delinquency control, treatment, or prevention. (P.L. 90–445.)

Specifically, the Act authorizes the Secretary of Health, Education, and Welfare to make grants for—

• *the development of comprehensive plans* for combatting juvenile delinquency within a State or local jurisdiction, such grants to be made to States and localities up to 90 percent of cost.

• *the development of plans for specific projects and programs,* such grants to be made to States, counties, municipal or other public agencies or nonprofit private agencies up to 90 percent of cost.

• *projects or programs to assist courts, correctional institutions, law enforcement agencies and other agencies concerned with delinquency* to develop and improve services for the diagnosis, treatment, and rehabilitation of delinquents or potential delinquents; to support activities in other State programs to deal with the problems of delinquency; to develop new methods of care and treatment of delinquents including the operation and construction of community based facilities. Such grants are to be made to a State or local public agency or local jurisdiction or a combination of such, up to 60 percent of cost, or 50 percent in instances of construction.

• *projects or programs, to promote the use of community based services for the prevention* of delinquency, and to establish special preventive services, including educational delinquency prevention programs in schools; such grants to be made up to 75 percent of cost to a public or nonprofit private agency.

The Act also authorizes the Secretary to make grants or contracts with public and private nonprofit agencies for—

• *the training of personnel* employed in or preparing for employment in fields related to the diagnosis, treatment, or rehabilitation of delinquent or potentially delinquent youths; to counsel or instruct the parents of such youths; to train young people and adults for careers including new types of careers in such fields.

• *the development of new techniques and practices* for use in the prevention and treatment of juvenile delinquency and in the rehabilitation of delinquent youths and in the training of personnel for these purposes.

• *technical assistance* to State, local, or other public or private agencies or organizations in matters relating to the prevention of delinquency or rehabilitation of delinquents or potential delinquents and to provide short-term training for agency personnel.

The Act requires the Secretary of Health, Education, and Welfare to provide for continuing evaluation of the programs involved, to consult with the Attorney General and other Federal officers whose responsibilities include combatting juvenile delinquency, and with the assistance of such officers, to report to the President each year, on all Federal activities in the fields of juvenile delinquency, youth development, and related fields.

The Act authorizes an appropriation to the Department of Health, Education, and Welfare of $25 million for the fiscal year ending June 30, 1969, $50 million for the following year, and $75 million for the year ending June 30, 1971.

For youth

As a result of a 3-year experiment in serving girls in low income, inner-city areas, Camp Fire Girls, Inc., is incorporating into its regular program creative experiences found to be relevant to the needs of such girls. The first phase of a four-part project called the Metropolitan Critical Areas Project, under the direction of Helen Rowe, the demonstration involved the extension of Camp Fire membership to 602 girls living in previously unreached areas of Boston, Detroit, and Washington, D.C. Begun in September 1964, it was carried out by area councils of Camp Fire Girls in cooperation with Boston University, the University of Michigan, and George Washington University, with a grant from the Children's Bureau. A major aspect was the use of leaders from the neighborhoods in which the girls lived.

Altogether 48 groups for girls 7 through 16 were organized in the inner-city areas of the three cities.

Efforts were made to provide activities that would contribute to their healthy social adjustment and improve their self-image.

As in other Camp Fire groups, the girls met weekly with a volunteer leader during the school year; special summer programs provided camping and day camping for some. Regular activities included sports, games, and creative dramatics; trips designed to teach girls about their own communities; lessons in sewing, cooking, child care; group discussions; and community service projects.

The girls showed a preference for sports and other activities that provided fun and relaxation. They also expressed satisfaction "in belonging," but they had difficulty in understanding the Camp Fire Girls Indian lore.

A majority of the 123 volunteer leaders recruited for the projects lived in the inner-city areas and shared the life styles of the families of girls in their

groups. By the end of the demonstration, these leaders showed a marked increase in self-confidence, in the view of the project staff. Some had found jobs; others had become involved for the first time in other community, civic, or church activities.

Camp Fire groups in the three inner-city projects also made use of "adult helpers"—women in the neighborhood who were unable to be leaders, but who were willing to assist leaders with candy sales, trips, and other special activities.

The three other phases of the Metropolitan Critical Areas Project have involved (1) intensified services to girls in the inner-city areas of nine other cities; (2) four training programs for professional staff; and (3) the development of training materials for leaders from inner-city neighborhoods.

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A greater voice for youth in government and community agencies is a major need today, according to the 10 young people aged 17 to 24 who participated in a workshop on identity at the Department of Health, Education, and Welfare (HEW) in Washington, D.C., June 20–21. Called by the Office of the Assistant Secretary for Community and Field Services and the Children's Bureau, the workshop also included 18 adult participants.

The participants included American Indians, Negroes, Puerto Ricans, Mexican-Americans, and Caucasians from middle- and low-income families in rural and urban areas. Among the young people were school dropouts as well as outstanding students. Among the adults were representatives of mental health and social action agencies, universities, and the Federal Departments of HEW and Labor, including the Secretary of HEW.

Other needs that the youth representatives described as important to young people's ability to achieve a clear identity were communication among youth themselves, understanding of and respect for differences among people, increased interaction among youth groups, effective use of political action for human development, and vocational information.

The workshop participants suggested that regional conferences of youth be held to provide young people with opportunities for expression and communication. At the invitation of the Department, they met again on August 19 and 20 to discuss the idea of regional conferences further.

Among other recommendations made at the workshop were: the development for Government agencies of a roster of advisers, consultants, and evaluators from the participants in the regional conferences; publication of a periodic report on youth affairs, prepared by a national team of regional youth reporters; and establishment of a federally supported study-work-service program for young people in the freshman year of high school.

Maternal health

Chronic illness or impairment in the mother added to the hardships of families in Ohio's depressed Appalachian region but apparently did not keep the families from functioning, according to the findings of a study conducted by the School of Home Economics of The Ohio State University, with support from the Children's Bureau. The investigators—Ruth S. Deacon, Francille Maloch, and Ann Bardwell—studied 402 families, half having mothers who were chronically ill or had mental or physical impairments and half with mothers apparently in good health, to determine their home situations, their patterns of functioning, the effects of the mother's condition on family solidarity, and the community resources available to these families.

The families with chronically ill or impaired mothers ate fewer meals together than the other families, but this was the only indication the researchers found of less family solidarity among them. No significant differences were found in the two groups in the tasks performed by the mothers, decision-making patterns, or family stability. However, the amount of cooperation in the family increased with the degree of the mother's disability.

While all the families studied were economically deprived, the families with ill mothers had more problems than the others. They had less income, more children, and less education; more of them included ill fathers; and in more the breadwinner was unskilled and out of work.

In about a third of the families, the mother expressed a need for more help in one or more aspects of personal functioning. The four physical conditions the study found most frequently were mental or nervous conditions, peptic ulcer or other digestive disturbances, heart trouble, and genitourinary problems.

Unmarried parents

The establishment of a comprehensive program offering academic, health, and social services to all unmarried parents in Rhode Island and the introduction of courses in family life in every school in the State have been recommended by a committee set up in the Rhode Island Council of Community Services, Inc., to study the service needs of unmarried mothers who plan to keep their babies. The study was made in late 1967 at the request of the Rhode Island Department of Social Welfare.

The 14-member committee worked with the council, various agencies within the State that deal with unmarried mothers, and consultants from the Children's Bureau and the National Urban League. It found that current programs are now directed mainly to unmarried mothers who plan to give up their babies for adoption and provide little help for others.

The committee estimated that each year Rhode Island has more than 800 new unmarried mothers who need some form of help, many of whom plan to keep their babies. For example, it found that of the first 315 unmarried mothers provided obstetrical care in the maternity and infant care project at St. Joseph's Hospital in Providence, 163 planned to keep their children.

Among the committee recommendations for immediate action were: creation of an experimental interagency team to provide comprehensive help for 100 unmarried mothers, with services for the fathers of their babies and the families of both, as a first step toward a statewide comprehensive program; continuation of the State Department of Social Welfare's service to help unmarried parents on public assistance; the holding of community-wide meetings to inform the public about the educational, emotional, and social needs of unmarried parents; and the provision of various kinds of housing arrangements for unmarried mothers—including public housing, foster family homes, and group homes—with day care, homemaker, and babysitting services.

These and other recommendations are contained in the "Report of the Study Committee of Services to Unmarried Parents Where Placement of the Child Is Not Planned," issued recently by the Rhode Island Council of Community Services. (Price $2, from the council, 330 Grotto Avenue, Providence, R.I. 02906.)

Child development

Children of low birth weight are more likely to have neurological impairments that interfere with intellectual development than children of normal birth weight and they do not catch up with normal children in later years, according to the findings of a 12-year longitudinal study made in Baltimore of 992 children, 500 of whom weighed less than 2,500 grams (5.5 lbs.), completed in 1966. The director of the study was Gerald Wiener, associate professor in the Department of Population and Family Health, Johns Hopkins School of Hygiene and Public Health, with a grant from the Children's Bureau.

The study began with 500 children who weighed 2,500 grams (5.5 lbs.) or less at birth and 492 children who weighed more than 2,500 grams. These children represented all socioeconomic groups in the city. Except for a few who died or were lost sight of in the intervening years or who were eliminated from the study because of gross physical defects or mental illness, most of the children were examined at the ages of 39 to 41 weeks, 3 to 5 years, 6 to 7 years, 8 to 10 years, and school data were obtained at 12 years.

Among other findings were these:

- At 40 weeks, about half the children (51 percent) in the smaller birth weight group and a quarter of those who had weighed 1,500 to 2,500 grams at birth gave evidence of some intellectual or neurological abnormality as compared with 13 percent of those of normal birth weight.
- The degree of impairment among Negro and white children of low birth weight was about the same.
- At all ages, the degree of impairment increased with decreasing birth weight, regardless of race or socioeconomic status.
- The series of examinations consistently showed that low birth weight was a predictor of slow or retarded intellectual development for a significant number only when associated with neurological deficit.
- Apparently low birth weight adversely affected arithmetic achievement more than reading achievement.
- However, most of the low birth weight children were not impaired.

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The development of 1,000 children of unskilled workers in Denver is being closely studied at the University of Colorado School of Medicine with a view of devising a more sensitive screening test than any currently available for detecting abnormal development in such children. The investigation is being undertaken by William K. Frankenburg, M.D., who with Josiah B. Dodds, designed the Denver Developmental Screening Test, a device making it possible to quickly compare a child's development with that of other children of the same age in four areas: gross motor; fine motor-adaptive; language; and personal-social.

The Denver Development Screening Test, which has been endorsed by the American Academy of Pediatrics, consists of 105 items of behavior, or tasks, and shows the ages at which 25, 50, 75, and 90 percent of 1,036 healthy Denver children performed each task well. When the test items were applied to the 1,036 healthy Denver children, few differences showed up in the rates of development in the first 2 years of life between the children of parents in different occupational groups; but after the age of 2, the children of white-collar workers performed on several language items at an earlier age than the children of unskilled workers.

The present effort to develop a separate screening test for use among children of low-income groups is being supported by a research grant from the Division of Research Facilities and Resources, National Institutes of Health, as was the development of the standard screening test.

Child welfare

The quality of the physical setting in a day-care center is closely associated with both the teachers' behavior and the children's response to the program, according to the findings of a study of 50 public, voluntary, and proprietary day-care centers in Los Angeles County, Calif., completed in late 1967. The investigators found that the higher the quality of the physical setting (as measured by roominess and type and organization of equipment), the greater the sensitivity and friendliness of the teachers, the more encouragement of a nonroutine nature they gave the children, and the more interest shown by the children in the program. The factor of encouragement from the teacher, however, was even more closely associated with a positive response from the children than was the quality of the setting. Freedom to choose activities was also closely associated with an interested response to the program. All of these factors showed an association with the leadership style of the director.

The investigators found that the centers on the whole could be characterized either by "freedom" or "restraint." In centers characterized by "freedom," teachers and directors were warm toward children and encouraged creativity and experimentation. In centers characterized by "restraint," teachers and directors tended to be aloof and to stress conformity; they provided care and guidance but little else. Few teachers made extensive use of both encouragement and restrictions; rather they tended to use one style or the other in dealing with the children.

The study, which was sponsored by the Pacific Oaks College, Pasadena, Calif., with a grant from the Children's Bureau, was carried on by Elizabeth Prescott, Elizabeth Jones, and Sybil Kritchevsky.

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In fiscal year 1968, the Children's Bureau awarded $5.7 million in child welfare training grants, in the sixth annual series of such grants since their authorization under the 1962 public welfare amendments to the Social Security Act. These grants to institutions of higher learning to train social workers for the field of child welfare included 774 traineeships to support graduate education leading to a master's degree in social work and 50 traineeships for training beyond the master's or study leading to the doctoral degree.

Teaching grants were made to 69 schools of social work to employ 175 faculty members.

Grants were also made to fund 10 short-term training projects, including seminars, workshops, institutes, and conferences.

IN THE JOURNALS

Evaluating failure

Because residential institutions for juvenile delinquents are characterized by high rates of "potential failure," it might be relevant to evaluate the degree of failure—instead of success—of an institution's program, says Paul Lerman in the July 1968 issue of *Social Work*. ("Evaluative Studies of Institutions for Delinquents: Implications for Research and Social Policy.")

The author, who is assistant professor at the Columbia University School of Social Work, questions the custom of measuring success of institutions by determining whether boys released from custody have refrained from known law violations. It is the task of evaluative research to demonstrate that the institution was actually responsible for the boys' successes or failures, he maintains.

In counting successes, many institutions simply ignore all boys who leave before the institution has judged that the boy is ready to return to the community. This gives a biased picture, Mr. Lerman says. For example, he found that one private institution in New York calculated its failure rate at 34 percent by excluding all boys who did not "complete treatment," including those sent to State correctional or mental institutions, and "runaways"—yet this group totaled 31 percent of the institution's population. The institution's failure rate was 54 percent when the author counted the group that was previously ignored.

Smoking among teenagers

Figures from a recent telephone survey among 4,414 teenage boys and girls when compared with previous studies show that the proportion of teenagers between the ages of 12 and 18 years who smoke regularly has declined over the past 10 years among both boys and girls, reports Daniel Horn in the June 1968 issue of *Public Health Reports*. ("Current Smoking Among Teenagers.")

The survey was conducted by the Chilton Research Services of Philadelphia for the U.S. Public Health Service between December 1967 and February 1968.

According to the survey findings, in some age groups the decline was as much as 10 percent. An average of 14.7 percent of the boys (one in seven) and 8.4 percent of the girls (one in 12) reported that they smoked regularly. An average of 2.7 percent of the boys said they smoked regularly on a weekly basis, 12.0 percent, daily; 2.0 percent of the girls, weekly, 6.4 percent, daily. By age, the percentage ranged from 1.3 percent of the boys and 0.3 percent of the girls 12 years old to 35.5 percent of the boys and 21.3 percent of the girls 18 years old.

The author notes that having parents or brothers or sisters who smoke, performing below average in school, and having no plans to go to college are still factors associated with smoking among teenagers.

Most teenagers are aware of the health hazard of smoking, according to the author—91 percent in the survey said they felt smoking was harmful to health; 4 percent, that it was not; 5 percent, that they did not know.

Hospitalized children

How hospitalized children are helped to allay their fears of hospital procedures is described by Madeline Petrillo, a mental health consultant at the New York Hospital-Cornell Medical Center, New York City, in the July 1968 issue of the *American Journal of Nursing*. ("Preventing Hospital Trauma in Pediatric Patients.")

Under the program, nurses work with young patients and their parents to turn a passive hospital experience into an active one by encouraging the children to carry out such activities as bandaging a doll, giving the doll injections with a real syringe, and drawing pictures of how a feeding tube or medical equipment being used in them works. Each child is also encouraged to tell the nurse why he came to the hospital—and so to reveal his fears and fantasies.

The author describes her work with Paul, a 5-year-old boy hospitalized for urologic surgery who staged frequent tantrums. She gained his confidence by drawing him a picture of his physical defect and how surgery would correct it. She also taught him about the placement anad purpose of tubes to be used after surgery and explained what additional treatment he would need. Because of noticeable improvement in Paul's behavior, a nursing team developed a general plan using models and drawings to prepare children for urologic surgery and later another team adapted the plan for children undergoing heart surgery.

Negro demands in education

The recent demands of the Negro community concerning education from kindergarten through college and their implications for the schools now and in the future are discussed in a series of four articles under the heading "The New Mood of Blackness" in the July–August 1968 issue of *Southern Education Report*. In their discussions, the authors of these articles quote and describe the actions of Negro leaders, students, parents, and educators in making known the demands of the Negro community for "a more influential role in directing the educational process and a more relevant education for Negro people."

The first two articles, "Theme and Variations," by Jim Leeson, and "Community Control," by Robert F. Campbell, discuss the meanings of the "new black mood" and report on developments in the elementary and secondary schools, particularly in the area of community control of schools (curriculum, budget, personnel, and educational policy). The third, "Colleges: An Imprint Already," by Erwin Knoll, is concerned with the black power movement and demonstrations in colleges and universities during the 1967–68 academic year and the steps that have been taken by these institutions as a result. The fourth, "The Past and Its Presence," by William Loren Katz, discusses the teaching of the history and culture of Negroes and other minority groups in public schools in ghettos and in integrated neighborhoods and the methods by which this should be carried out.

U.S. Government Publications

Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

SELECTED REFERENCES FOR SOCIAL WORKERS ON FAMILY PLANNING: an annotated list. Compiled by Mary E. Watts. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. 1968. 23 pp. Single copies free from the Bureau.

Includes notes on 69 selected articles, pamphlets, and books concerning the development of family planning services, attitudes toward family planning, and the operation of specific services.

RESEARCH RELATING TO CHILDREN, Bulletin No. 21 (June 1966–April 1967). Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. 1967. 171 pp. $1.25.

Presents abstracts of research in progress or recently completed as reported to the Children's Bureau Clearinghouse for Research in Child Life between June 1, 1966, and April 30, 1967.

YOUNG PEOPLE WHO SMOKE: a report of a conference and some guidelines for youth leaders, National Consultation of Youth Leaders on the Health Hazards of Smoking, June 7–10, 1966, Washington, D.C. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. CB Publication No. 457. 1967. 23 pp. 15 cents.

Reports the highlights of a conference of representatives of agencies serving young people convened by the Children's Bureau to discuss ways of persuading young people not to smoke.

A CHILD IS WAITING. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. CB Publication No. 454. 1967. 23 pp. 15 cents.

Discusses the need for foster families to care for children whose own parents are unable to care for them. Points out the qualities and conditions child welfare agencies look for in selecting foster parents, the needs of the child the foster parents are expected to meet, and the benefits of such care to foster child and foster parents.

CUBA'S CHILDREN IN EXILE: the story of the Unaccompanied Cuban Refugee Children's Program. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. 1967. 14 pp. Single copies free from the Bureau.

Describes the federally supported program under which unaccompanied Cuban refugee children are provided care until their parents come to the United States. Also discusses the children's characteristics and their adjustment in foster care.

ON REARING INFANTS AND YOUNG CHILDREN IN INSTITUTIONS. Helen L. Witmer, editor. Department of Health, Education, and Welfare, Social and Rehabilitation Service, Children's Bureau. CB Research Report No. 1, 1967. 90 pp. 50 cents.

Contains the proceedings of a 1966 conference convened by the Yale University Child Study Center and the Children's Bureau to consider issues in meeting the developmental needs of infants and young children in group care facilities.

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